

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 GREATER ATLANTA, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 COURTLAND STREET City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303	D Employer identification number 58-0566194 E Telephone number 404-527-7200
	F Name and address of principal officer: KRISTEN MCCOLLUM SAME AS C ABOVE	G Gross receipts \$ 115,694,752. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYATLANTA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: GA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER ATLANTA BRINGS TOGETHER PEOPLE AND RESOURCES TO TACKLE COMPLEX ISSUES AND				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	41		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	288		
	6	Total number of volunteers (estimate if necessary)	6	3000		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,055,989.		
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	111,825,533.	Current Year
9		Program service revenue (Part VIII, line 2g)	9,191,305.	6,038,150.		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	854,288.	2,879,813.		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-222,340.		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,871,126.	115,164,359.		
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,923,342.	33,248,346.	
		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)	19,701,085.	21,121,789.	
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,804,819.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,981,135.	57,946,926.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	131,605,562.	112,317,061.		
	19	Revenue less expenses. Subtract line 18 from line 12	-9,734,436.	2,847,298.		
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	102,472,212.	End of Year
21		Total liabilities (Part X, line 26)	37,159,042.	43,700,980.		
22		Net assets or fund balances. Subtract line 21 from line 20	65,313,170.	67,150,934.		

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 KRISTEN MCCOLLUM, CFO Type or print name and title	Date 5/15/19
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Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature 2019.05.14	Date 2:45:38 -04'00'	Check if self-employed <input type="checkbox"/>	PTIN P00748038
	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444			
	Firm's address ▶ 1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309			Phone no. 404-209-0954	

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 GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE SUSTAINABLE IMPROVEMENTS IN THE WELL-BEING OF CHILDREN, FAMILIES AND INDIVIDUALS IN THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 12,021,655. including grants of \$ 12,021,655.) (Revenue \$) UNITED WAY INVESTS IMPACT DOLLARS IN ASSEMBLING TEAMS OF NONPROFITS TO WORK ON COLLABORATIVE SOLUTIONS THAT LEAD TO POSITIVE AND SUSTAINABLE OUTCOMES FOR CHILDREN AND FAMILIES, LIKE GIVING KIDS THE SKILLS TO SUCCEED IN SCHOOL, TEACHING FINANCIAL EDUCATION AND JOB TRAINING, BRINGING PRIMARY CARE ACCESS AND GIVING THE TOOLS TO REMOVE THEMSELVES FROM HOMELESSNESS.

GIVING TO THE UNITED WAY CHILD WELL-BEING IMPACT FUND ALLOWS YOU TO HAVE THE BIGGEST IMPACT ON OUR COMMUNITY. THE FUND COVERS MULTIPLE AREAS THAT HELP ADVANCE CHILD WELL-BEING ACROSS GREATER ATLANTA. DECISIONS ARE MADE THROUGH A PROCESS DIRECTED BY UNITED WAY AND INVOLVES SUBJECT MATTER EXPERTS AS WELL AS TRAINED VOLUNTEERS.

4b (Code:) (Expenses \$ 18,949,161. including grants of \$) (Revenue \$ 224,463.) UNITED WAY HELPS PEOPLE VOLUNTEER IN A NUMBER OF WAYS, SUCH AS LENDING THEIR PROFESSIONAL EXPERTISE, ADVOCATING ON BEHALF OF ISSUES, AND DONATING HOUSEHOLD AND OFFICE ITEMS. UNITED WAY PROVIDES SUPPORT AND EXPERTISE THROUGH FIVE LOCAL OFFICES TO HELP COMMUNITIES SOLVE PROBLEMS. THROUGH TECHNICAL ASSISTANCE AND GIFTS IN KIND ATLANTA, UNITED WAY HELPS NONPROFIT ORGANIZATIONS OPERATE MORE EFFECTIVELY AND EFFICIENTLY. WE WORK WITH STAKEHOLDERS IN COMMUNITIES ACROSS OUR SERVICE AREA TO COLLECTIVELY ADDRESS AND IMPLEMENT STRATEGIES TO ENSURE THAT ALL PEOPLE IN OUR REGION CAN THRIVE.

UNITED WAY OF GREATER ATLANTA'S 2-1-1 CONTACT CENTER IS A FULL-SERVICE CONTACT CENTER THAT CONNECTS PEOPLE TO THE ASSISTANCE THEY NEED TO

4c (Code:) (Expenses \$ 57,357,176. including grants of \$ 21,226,691.) (Revenue \$ 1,839,225.) UNITED WAY HAS ADOPTED, IN PARTNERSHIP WITH DOZENS OF COMMUNITY PARTNERS, A "YARDSTICK" FOR CHILD WELL-BEING - A SET OF 14 MEASURES THAT ALLOW US TO ASSESS HOW WELL CHILDREN AND FAMILIES ARE DOING BY ZIP CODE ACROSS 13 COUNTIES. UNITED WAY'S PROGRAMS ARE DESIGNED TO MOVE THE NEEDLE ON THESE CRITICAL MEASURES. ITS FOCUSES ARE ON CREATING STRONG FOUNDATIONS FOR CHILDREN TO GROW, THEREBY PROVIDING OPPORTUNITIES FOR SUCCESS DESPITE ADVERSE CONDITIONS, AS WELL AS NURTURING COMMUNITIES THAT NEED WRAPAROUND SUPPORT.

FOR EVERY MEASURE OF CHILD WELL-BEING, THERE IS A MULTITUDE OF FACTORS THAT CAN ADVERSELY INFLUENCE OUTCOMES AND A SERIES OF ACTIONS WE CAN TAKE THAT CAN CHANGE THESE OUTCOMES FOR THE BETTER. WHEN WE CONSIDER

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,663,650. including grants of \$) (Revenue \$ 2,918,473.)

4e Total program service expenses 98,991,642.

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> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 41		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 41		
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, or 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 in 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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KRISTEN L. MCCOLLUM - 404-527-7200**
40 COURTLAND STREET, ATLANTA, GA 30303

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN R. SCHERGER BOARD CHAIR	0.50	X					0.	0.	0.	
(2) MILFORD MCGUIRT FINANCE AND PROPERTY CHAIR	0.50	X					0.	0.	0.	
(3) STEVE HUDSON AUDIT COMMITTEE CHAIR	0.50	X					0.	0.	0.	
(4) PATRICIA FALOTICO COMMUNITY ENGAGEMENT CHAIR	0.50	X					0.	0.	0.	
(5) RICK ARANSON AGENCY LIAISON	0.50	X					0.	0.	0.	
(6) LOURDES (LOU) GRILL MARKETING & COMMUNICATIONS CHAIR	0.50	X					0.	0.	0.	
(7) MICHAEL PETRIK NOMINATING COMMITTEE CHAIR	0.50	X					0.	0.	0.	
(8) STACEY CHAVIS PUBLIC POLICY CHAIR	0.50	X					0.	0.	0.	
(9) CANDY MOORE STRATEGIC IMPLEMENTATION CHAIR	0.50	X					0.	0.	0.	
(10) MARY ELLEN GARRETT TOCQUEVILLE SOCIETY CHAIR	0.50	X					0.	0.	0.	
(11) BILL CHEEKS COUNTY CHAIR- COBB	0.50	X					0.	0.	0.	
(12) SANDY LEE COUNTY CHAIR- COWETA	0.50	X					0.	0.	0.	
(13) S. ELIZABETH FORD COUNTY CHAIR- DEKALB	0.50	X					0.	0.	0.	
(14) STEVEN LAMBERT COUNTY CHAIR- DOUGLAS	0.50	X					0.	0.	0.	
(15) BESS STEPHENS COUNTY CHAIR- FAYETTE	0.50	X					0.	0.	0.	
(16) CALVIN WARD COUNTY CHAIR- FULTON	0.50	X					0.	0.	0.	
(17) JAY DENNARD COUNTY CHAIR- GWINNETT	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROY J. ESTELL COUNTY CHAIR- HENRY	0.50	X						0.	0.	0.
(19) KATINA ASBELL AT-LARGE MEMBER	0.50	X						0.	0.	0.
(20) AMBRISH BAISIWALA AT-LARGE MEMBER	0.50	X						0.	0.	0.
(21) LARRY DECUIR AT-LARGE MEMBER	0.50	X						0.	0.	0.
(22) RENE DIAZ AT-LARGE MEMBER	0.50	X						0.	0.	0.
(23) JOSEPH DIBENEDETTO AT-LARGE MEMBER	0.50	X						0.	0.	0.
(24) IRA GENBERG AT-LARGE MEMBER	0.50	X						0.	0.	0.
(25) SHELLEY GIBERSON AT-LARGE MEMBER	0.50	X						0.	0.	0.
(26) KEVIN GREINER AT-LARGE MEMBER	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,470,954.	0.	482,933.
d Total (add lines 1b and 1c)								2,470,954.	0.	482,933.

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 **17**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY WORLDWIDE 701 N. FAIRFAX ST., ALEXANDRIA, VA 22314	CONSULTING	205,000.
CURRY DAVIS CONSULTING GROUP, LLC 4660 CREEKSIDE COVE, COLLEGE PARK, GA 30349	CONSULTING	198,387.
CREATIVE MISCHIEF, LLC, 1360 WEST PEACHTREE ST. NW, #700, ATLANTA, GA 30309	CONSULTING	194,168.
CHERRY BEKAERT, LLP, 1075 PEACHTREE ST. NW, STE. 2200, ATLANTA, GA 30309	ACCOUNTING	138,310.
CORUS360, 130 TECHNOLOGY PARKWAY, PEACHTREE CORNERS, GA 30092	CONSULTING	110,570.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) EDWARD HEYS AT-LARGE MEMBER	0.50	X						0.	0.	0.
(28) CHARLOTTE KING AT-LARGE MEMBER	0.50	X						0.	0.	0.
(29) MEGHAN MAGRUDER AT-LARGE MEMBER	0.50	X						0.	0.	0.
(30) DAVID MANGUM AT-LARGE MEMBER	0.50	X						0.	0.	0.
(31) DEWEY MCCLAIN AT-LARGE MEMBER	0.50	X						0.	0.	0.
(32) GLENN MITCHELL AT-LARGE MEMBER	0.50	X						0.	0.	0.
(33) OVIE MUGHELLI AT-LARGE MEMBER	0.50	X						0.	0.	0.
(34) GRANT NELSON AT-LARGE MEMBER	0.50	X						0.	0.	0.
(35) TARA PLIMPTON AT-LARGE MEMBER	0.50	X						0.	0.	0.
(36) STEVE SEAR AT-LARGE MEMBER	0.50	X						0.	0.	0.
(37) IVAN SHAMMAS AT-LARGE MEMBER	0.50	X						0.	0.	0.
(38) YAARIT SILVERSTONE AT-LARGE MEMBER	0.50	X						0.	0.	0.
(39) CHRIS SIZEMORE AT-LARGE MEMBER	0.50	X						0.	0.	0.
(40) RANDY STASHICK AT-LARGE MEMBER	0.50	X						0.	0.	0.
(41) KATERINA TAYLOR AT-LARGE MEMBER	0.50	X						0.	0.	0.
(42) YVETTE TAYLOR AT-LARGE MEMBER	0.50	X						0.	0.	0.
(43) TERRY VACHERON AT-LARGE MEMBER	0.50	X						0.	0.	0.
(44) JANICE VAN NESS AT-LARGE MEMBER	0.50	X						0.	0.	0.
(45) MILTON LITTLE, JR. CHIEF EXECUTIVE OFFICER	40.00			X				450,650.	0.	104,838.
(46) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	40.00			X				163,739.	0.	59,378.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) TIM PAKENHAM CHIEF OPERATING OFFICER	40.00			X				314,640.	0.	8,194.
(48) CLAIRE BURKE CONTROLLER	40.00			X				117,603.	0.	40,071.
(49) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00				X			200,785.	0.	9,135.
(50) KEITH BARSUHN CHIEF DEVELOPMENT OFFICER	40.00				X			200,204.	0.	55,618.
(51) ETHA HENRY EXECUTIVE VP OF COMMUNITY ENGAGEMENT	40.00				X			200,438.	0.	47,635.
(52) NANCY VEPRASKAS SENIOR VP OF HUMAN RESOURCES	40.00				X			185,559.	0.	41,681.
(53) AMY MAST VP, LEARNING & DEVELOPMENT	40.00					X		150,326.	0.	7,545.
(54) PROTIP BISWAS VP, HOMELESSNESS & COMM OR	40.00					X		128,206.	0.	55,898.
(55) JEFFERY ESOLA VP, CORPORATE RELATIONS	40.00					X		124,941.	0.	6,171.
(56) CATHRYN MARCHMAN EXEC DIR, PARTNERS FOR HOME	40.00					X		124,701.	0.	18,847.
(57) DENNIS LONG VP, MAJOR GIFTS	40.00					X		109,162.	0.	27,922.
Total to Part VII, Section A, line 1c								2,470,954.		482,933.

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	580,848.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,866,816.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	103,021,072.				
	g	Noncash contributions included in lines 1a-1f: \$		12,344,840.				
	h	Total. Add lines 1a-1f		106,468,736.				
	Program Service Revenue	2 a	BUILDING INCOME	Business Code	532000	3,853,501.	2,797,512.	1,055,989.
b		PROCESSING & FUNDRAISING FEES		900099	940,947.	940,947.		
c		INITIATIVE FEES		900099	291,809.	291,809.		
d		211 PROGRAM FEES		900099	224,463.	224,463.		
e		OTHER NON-CAMPAIGN REVENUE		900099	186,664.	186,664.		
f		All other program service revenue		900099	540,766.	540,766.		
g		Total. Add lines 2a-2f			6,038,150.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			684,212.		684,212.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			0.	109,754.		
		Gain or (loss)			2,305,355.	-109,754.		
		Net gain or (loss)				2,195,601.		2,195,601.
	8 a	Gross income from fundraising events (not including \$ 580,848. of contributions reported on line 1c). See Part IV, line 18	a		198,299.			
		Less: direct expenses	b		420,639.			
		Net income or (loss) from fundraising events				-222,340.		-222,340.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a							
							
							
	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions.				115,164,359.	4,982,161.	1,055,989.	2,657,473.

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	32,765,013.	32,765,013.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	483,333.	483,333.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,200,165.	248,073.	1,486,351.	465,741.
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	14,379,611.	9,027,880.	693,568.	4,658,163.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,127,196.	639,736.	77,820.	409,640.
9 Other employee benefits	2,273,312.	1,390,758.	263,199.	619,355.
10 Payroll taxes	1,141,505.	596,583.	237,249.	307,673.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	118,311.		118,311.	
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.)	1,801,202.	1,279,941.	230,512.	290,749.
12 Advertising and promotion	560,097.	95,684.	85,263.	379,150.
13 Office expenses	3,217,588.	1,178,432.	1,425,891.	613,265.
14 Information technology				
15 Royalties				
16 Occupancy	2,689,085.	2,647,775.	41,310.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	669,112.	517,741.	90,288.	61,083.
20 Interest	225,670.	107,016.	118,654.	
21 Payments to affiliates	582,908.	233,163.	349,745.	
22 Depreciation, depletion, and amortization	1,345,306.	1,042,867.	302,439.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AGENCY PAYMENTS	19,658,462.	19,658,462.		
b TOYS FOR TOTS PROGRAM	8,828,766.	8,828,766.		
c DONOR-DESIGNATED PMTS	8,094,220.	8,094,220.		
d TENANT LEASE TERMINATIO	3,993,100.	3,993,100.		
e All other expenses	6,163,099.	6,163,099.		
25 Total functional expenses. Add lines 1 through 24e	112,317,061.	98,991,642.	5,520,600.	7,804,819.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	6,824,699.	1	3,978,338.	
	2 Savings and temporary cash investments	14,798,906.	2	19,893,644.	
	3 Pledges and grants receivable, net	26,927,927.	3	24,864,391.	
	4 Accounts receivable, net	1,511,468.	4	3,148,461.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	96,157.	8	98,290.	
	9 Prepaid expenses and deferred charges	1,924,265.	9	475,081.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,890,910.			
	b Less: accumulated depreciation	10b 39,048,692.	16,953,069.	10c	22,842,218.
	11 Investments - publicly traded securities	32,032,606.	11	34,069,844.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,403,115.	15	1,481,647.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,472,212.	16	110,851,914.		
Liabilities	17 Accounts payable and accrued expenses	13,627,154.	17	15,939,835.	
	18 Grants payable	7,583,986.	18	4,671,996.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	3,255,314.	20	2,864,777.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24	9,065,026.	
	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	12,692,588.	25	11,159,346.	
	26 Total liabilities. Add lines 17 through 25	37,159,042.	26	43,700,980.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	42,875,057.	27	37,046,441.	
	28 Temporarily restricted net assets	18,662,795.	28	26,186,338.	
	29 Permanently restricted net assets	3,775,318.	29	3,918,155.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	65,313,170.	33	67,150,934.		
34 Total liabilities and net assets/fund balances	102,472,212.	34	110,851,914.		

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	115,164,359.
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,317,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,847,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,313,170.
5	Net unrealized gains (losses) on investments	5	-1,102,642.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	93,108.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,150,934.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100413682	104428622	106604774	111825533	106468736	529741347
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	100413682	104428622	106604774	111825533	106468736	529741347
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)						54470576.
6 Public support. Subtract line 5 from line 4.						475270771

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	100413682	104428622	106604774	111825533	106468736	529741347
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	324,275.	401,386.	486,655.	560,470.	684,212.	2456998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				26,733.	221,125.	247,858.
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						532446203
12 Gross receipts from related activities, etc. (see instructions)					12	38,223,321.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	89.26 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	90.50 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,359,749.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>16,386,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	17,046.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	31,941.													
c	Total lobbying expenditures (add lines 1a and 1b)	48,987.													
d	Other exempt purpose expenditures	112268074.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	112317061.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	25,776.	117,068.	290,659.	48,987.	482,490.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	13,134.	17,041.	26,802.	17,046.	74,023.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C PART IV

AS AN IRS 501(C)(3) PUBLIC CHARITY, UNITED WAY OF GREATER ATLANTA IS AUTHORIZED TO ENGAGE IN A LIMITED DEGREE OF LOBBYING ON NONPARTISAN ISSUES THAT AFFECT OUR MISSION AND THOSE WE SERVE. UNITED WAY OF GREATER ATLANTA HAS ELECTED TO REPORT ITS LOBBYING ACTIVITY ON THE BASIS OF EXPENDITURES AND IRS RULES ALLOW IT TO SPEND UP TO \$250,000 IN GRASSROOTS LOBBYING AND

Part IV Supplemental Information *(continued)*

\$750,000 IN DIRECT LOBBYING.

UNITED WAY OF GREATER ATLANTA AND OTHER UNITED WAY AFFILIATES THROUGHOUT THE NATION HAVE EMBARKED IN PUBLIC POLICY ENGAGEMENT AS THE RESULT OF UNITED WAY WORLDWIDE SYSTEM STANDARDS ADOPTED IN 2005. LOCALLY, A PUBLIC POLICY COMMITTEE ANNUALLY RECOMMENDS A POLICY AGENDA FOR ADOPTION BY THE BOARD OF DIRECTORS. STAFF AND VOLUNTEERS ENGAGE IN ADVOCACY AND LOBBYING.

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

2017

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER ATLANTA, INC Employer identification number 58-0566194

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, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and reporting requirements.

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 are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	17,262,000.	16,182,000.	14,837,000.	13,767,000.	11,217,000.
b Contributions	643,000.	512,000.	1,402,000.	1,013,000.	1,994,000.
c Net investment earnings, gains, and losses	561,000.	607,000.	-18,000.	95,000.	592,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	40,000.	39,000.	39,000.	38,000.	36,000.
f Administrative expenses					
g End of year balance	18,426,000.	17,262,000.	16,182,000.	14,837,000.	13,767,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 78.74 %
- b Permanent endowment 21.26 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,980,417.	3,567,896.		5,548,313.
b Buildings	26,565,410.	25,797,877.	36,540,029.	15,823,258.
c Leasehold improvements		822,533.	177.	822,356.
d Equipment		3,156,777.	2,508,486.	648,291.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,842,218.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED ALLOCATIONS	
(3) PAYABLE	11,159,346.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,159,346.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	86,862,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,102,642.
b	Donated services and use of facilities	2b	23,040.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,079,602.
3	Subtract line 2e from line 1	3	87,942,070.
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	27,222,289.
c	Add lines 4a and 4b	4c	27,222,289.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	115,164,359.

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	85,117,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,040.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	530,393.
e	Add lines 2a through 2d	2e	553,433.
3	Subtract line 2e from line 1	3	84,564,379.
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	27,752,682.
c	Add lines 4a and 4b	4c	27,752,682.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	112,317,061.

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 V, LINE 4:

THE INTENDED USE OF UNITED WAY OF GREATER ATLANTA'S ENDOWMENT FUND IS FOR DIRECT PUBLIC SUPPORT OF UNITED WAY'S MISSION.

PART X, LINE 2:

UNITED WAY IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC"), AS AMENDED, AND THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. UNITED WAY HAS EVALUATED THE EFFECT OF GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND BELIEVES IT CONTINUES TO SATISFY THE REQUIREMENTS OF TAX-EXEMPT ORGANIZATIONS AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	27,752,682.
LOSS ON DISPOSAL OF FIXED ASSETS	-109,754.
FUNDRAISING EVENT DIRECT EXPENSES	-420,639.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	27,222,289.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	109,754.
FUNDRAISING EVENT DIRECT EXPENSES	420,639.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	530,393.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	27,752,682.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		483,333.
3 a Sub-total	0	0			483,333.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			483,333.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). Row 1 contains data: Region: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES; Purpose: GENERAL SUPPORT; Amount: 483,333; Manner: CHECK; Amount of noncash assistance: 0.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1
3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

UNITED WAY OF GREATER ATLANTA DOES NOT GENERALLY GRANT FUNDS TO ORGANIZATIONS OUTSIDE THE UNITED STATES UNLESS A DONOR IS DESIGNATING TO AN ORGANIZATION OUTSIDE THE UNITED STATES. UNITED WAY HAS ONE DONOR THAT DIRECTED A GIFT TO UNITED WAY OF LOWER MAINLAND (CANADA). UNITED WAY OF GREATER ATLANTA DID NOT MONITOR THE USAGE OF THIS GIFT AS IT WAS A DONOR DESIGNATED GIFT TO A NON-GRANTEE AGENCY AND ANOTHER UNITED WAY ORGANIZATION.

PART I, LINE 3:

ACCOUNTING METHOD IS ACCRUAL.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER ATLANTA, INC** Employer identification number **58-0566194**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WOMEN'S LEADERSHIP B (event type)	AFRICAN AMERICAN PAR (event type)	9 (total number)		
Revenue	1	Gross receipts	288,100.	227,703.	263,344.	779,147.
	2	Less: Contributions	223,500.	170,654.	186,694.	580,848.
	3	Gross income (line 1 minus line 2)	64,600.	57,049.	76,650.	198,299.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	144,023.	127,452.	149,164.	420,639.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				420,639.
11	Net income summary. Subtract line 10 from line 3, column (d)				-222,340.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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

2017

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER ATLANTA, INC** Employer identification number **58-0566194**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST CHOICE CREDIT UNION 315 AUBURN AVENUE ATLANTA, GA 30303	58-6035220	501 (C) (3)	5,046.	0.			COMMUNITY BENEFIT
A FRIEND'S HOUSE 111 HENRY PARKWAY MCDONOUGH, GA 30253	58-2130097	501 (C) (3)	14,757.	0.			COMMUNITY BENEFIT
AADD 125 CLAIRMONT AVE, STE. 300 DECATUR, GA 30030	58-0641496	501 (C) (3)	13,583.	0.			COMMUNITY BENEFIT
ACTION MINISTRIES INC. 1700 CENTURY CIRCLE NE, STE. 200 ATLANTA, GA 30345	58-2070427	501 (C) (3)	200,280.	0.			COMMUNITY BENEFIT
AGAPE COMMUNITY CENTER 2353 BOLTON ROAD NW ATLANTA, GA 30087	58-2372950	501 (C) (3)	17,600.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY (SOUTH ATLANTIC DIVISION, INC.) - P.O. BOX 56567 - ATLANTA, GA 30343	58-0659875	501 (C) (3)	177,930.	0.			COMMUNITY BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **254.**

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) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS COWETA CHAPTER 900 DALLIS ST, SUITE C LA GRANGE, GA 30240	58-0655355	501 (C) (3)	10,000.	0.			COMMUNITY BENEFIT
AMERICAN RED CROSS METRO ATLANTA CHAPTER - 1955 MONROE DRIVE N.E. - ATLANTA, GA 30324	58-0603132	501 (C) (3)	930,418.	0.			COMMUNITY BENEFIT
ANOTHER CHANCE OF ATLANTA, INC. 777 CLEVELAND AVE., SUITE 520 ATLANTA, GA 30315	58-2590035	501 (C) (3)	410,129.	0.			COMMUNITY BENEFIT
ASSOCIATION OF BATTERED WOMEN OF CLAYTON COUNTY, INC. - P.O. BOX 854 - FAYETTEVILLE, GA 30214	58-1538236	501 (C) (3)	15,765.	0.			COMMUNITY BENEFIT
ASSOCIATION OF VILLAGE PRIDE P.O. BOX 142427 FAYETTEVILLE, GA 30214	58-2387685	501 (C) (3)	30,100.	0.			COMMUNITY BENEFIT
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501 (C) (3)	12,500.	0.			COMMUNITY BENEFIT
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501 (C) (3)	8,000.	0.			COMMUNITY BENEFIT
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501 (C) (3)	11,285.	0.			COMMUNITY BENEFIT
ATLANTA LEGAL AID SOCIETY, INC. 54 ELLIS STREET NE ATLANTA, GA 30303	58-0568691	501 (C) (3)	198,903.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVENUE SW, 4TH FLOOR ATLANTA, GA 30302	14-2005840	501 (C) (3)	328,000.	0.			COMMUNITY BENEFIT
ATLANTA REAL ESTATE COLLABORATIVE 1924 PIEDMONT CIRCLE N.E. ATLANTA, GA 30324	46-3129325	501 (C) (3)	100,000.	0.			COMMUNITY BENEFIT
ATLANTA REGIONAL COMMISSION 229 PEACHTREE ST. NE, SUITE 100 ATLANTA, GA 30303	58-6002324	501 (C) (3)	50,000.	0.			COMMUNITY BENEFIT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PKWY N W ATLANTA, GA 30327	58-0566198	501 (C) (3)	1,582,700.	0.			COMMUNITY BENEFIT
ATLANTA TECHNICAL COLLEGE FOUNDATION, INC. - 1560 METROPOLITAN PARKWAY - ATLANTA, GA 30310	58-2582973	501 (C) (3)	18,750.	0.			COMMUNITY BENEFIT
ATLANTA URBAN LEAGUE, INC. 229 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30303	58-0593386	501 (C) (3)	36,414.	0.			COMMUNITY BENEFIT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE - ATLANTA, GA 30303	58-1364400	501 (C) (3)	25,000.	0.			COMMUNITY BENEFIT
AUDITORY VERBAL CENTER, INC. 1901 CENTURY BLVD NE, SUITE 20 ATLANTA, GA 30345	58-1305600	501 (C) (3)	25,901.	0.			COMMUNITY BENEFIT
BEACON OF HOPE, INC. 120 RENAISSANCE PKWY NE ATLANTA, GA 30308	58-2191344	501 (C) (3)	20,126.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BIG BROTHERS BIG SISTERS OF METRO ATLANTA - 1382 PEACHTREE ST NE - ATLANTA, GA 30309	58-0861895	501 (C) (3)	366,156.	0.			COMMUNITY BENEFIT
BLOOM OUR YOUTH, INC. 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501 (C) (3)	24,476.	0.			COMMUNITY BENEFIT
BOBBY DODD INSTITUTE 2120 MARIETTA BLVD NW ATLANTA, GA 30318	58-1847107	501 (C) (3)	49,496.	0.			COMMUNITY BENEFIT
BOY SCOUTS ATLANTA COUNCIL 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	58-0566122	501 (C) (3)	273,543.	0.			COMMUNITY BENEFIT
BOY SCOUTS NORTHEAST GEORGIA COUNCIL - P.O. BOX 399 - JEFFERSON, GA 30549	58-0566207	501 (C) (3)	67,283.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA FLINT RIVER 1361 ZEBULON RD GRIFFIN, GA 30224	58-0574922	501 (C) (3)	32,856.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET NE, SUITE 500 - ATLANTA, GA 30309	58-0566123	501 (C) (3)	810,940.	0.			COMMUNITY BENEFIT
BREAD OF LIFE DEVELOPMENT MINISTRIES - PO BOX 1611 - CONYERS, GA 30012	20-8369872	501 (C) (3)	14,438.	0.			COMMUNITY BENEFIT
BREAKING BOUNDARIES REENTRY PROGRAM - 270 SIMONTON RD SW - LAWRENCEVILLE, GA 30046	82-0653288	501 (C) (3)	22,700.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BRIGHT STEPS, INC. 289 JONESBORO RD, SUITE 472 MCDONOUGH, GA 30253	47-3007557	501 (C) (3)	14,000.	0.			COMMUNITY BENEFIT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT ROAD NE ATLANTA, GA 30305	58-1748786	501 (C) (3)	37,885.	0.			COMMUNITY BENEFIT
BUTTS COUNTY BOARD OF COMMISSIONERS - 580 ERNEST BILES DR - JACKSON, GA 30233	58-6012659	501 (C) (3)	7,500.	0.			COMMUNITY BENEFIT
BUTTS COUNTY MENTAL RETARDATION CENTER - 463 KENNEDY DR, STE. B - JACKSON, GA 30233	58-2098758	501 (C) (3)	10,127.	0.			COMMUNITY BENEFIT
CALVARY REFUGE CENTER P.O. BOX 2464 FOREST PARK, GA 30298	58-2121508	501 (C) (3)	7,500.	0.			COMMUNITY BENEFIT
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY, SUITE 205 DECATUR, GA 30033	56-2370081	501 (C) (3)	97,016.	0.			COMMUNITY BENEFIT
CARRIE STEELE PITTS HOME, INC. 667 FAIRBURN RD. N.W. ATLANTA, GA 30331	58-0607078	501 (C) (3)	126,325.	0.			COMMUNITY BENEFIT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ATLANTA INC. - 2401 LAKE PARK DR., SE - SMYRNA, GA 30080	58-1097003	501 (C) (3)	42,709.	0.			COMMUNITY BENEFIT
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET S.W., SUITE 309 ATLANTA, GA 30312	58-2212203	501 (C) (3)	28,595.	0.			COMMUNITY BENEFIT

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CENTER FOR CIVIC INNOVATION 115 MLK DR. SW, STE #304 ATLANTA, GA 30303	02-0590588	501 (C) (3)	85,000.	0.			COMMUNITY BENEFIT
CENTER FOR SUSTAINABLE INITIATIVES P.O. BOX 1517 LEXINGTON, SC 29071	27-4839685	501 (C) (3)	7,000.	0.			COMMUNITY BENEFIT
CENTER FOR THE VISUALLY IMPAIRED 739 W. PEACHTREE STREET NW ATLANTA, GA 30308	58-1168874	501 (C) (3)	69,670.	0.			COMMUNITY BENEFIT
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W., SUITE 430 ST. PAUL, MN 55114	36-3383933	501 (C) (3)	16,489.	0.			COMMUNITY BENEFIT
CENTRAL OUTREACH & ADVOCACY CENTER 201 WASHINGTON STREET SW ATLANTA, GA 30303	58-2255636	501 (C) (3)	40,000.	0.			COMMUNITY BENEFIT
CHANGE A MOMENT CHANGE A LIFE 8114 WYNFIELD DR. JONESBORO, GA 30238	81-0798063	501 (C) (3)	684,093.	0.			COMMUNITY BENEFIT
CHEROKEE CHILD ADVOCACY COUNCIL 9870 HWY 92, SUITE 200 WOODSTOCK, GA 30114	58-1936310	501 (C) (3)	20,239.	0.			COMMUNITY BENEFIT
CHEROKEE FAMILY VIOLENCE CENTER P.O. BOX 489 CANTON, GA 30114	58-1650925	501 (C) (3)	135,706.	0.			COMMUNITY BENEFIT
CHI CENTERING HEALTHCARE INSTITUTE, INC. - 89 SOUTH STREET, SUITE 404 - BOSTON, GA 02111	06-1622668	501 (C) (3)	22,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CHILDREN'S MUSEUM OF ATLANTA INC 275 CENTENNIAL OLYMPIC PARK DRIVE ATLANTA, GA 30313	58-1785484	501 (C) (3)	10,136.	0.			COMMUNITY BENEFIT
CHILDRENS VOICE CASA INC 8700 HOSPITAL DRIVE, SUITE 3 DOUGLASVILLE, GA 30134	58-2257445	501 (C) (3)	29,950.	0.			COMMUNITY BENEFIT
CHRIS KIDS 1017 FAYETTEVILLE ROAD SE, SUITE A ATLANTA, GA 30316	58-1430183	501 (C) (3)	537,930.	0.			COMMUNITY BENEFIT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501 (C) (3)	232,660.	0.			COMMUNITY BENEFIT
CLARKSTON DEVELOPMENT FOUNDATION P.O.BOX 529 CLARKSTON, GA 30021	27-2014061	501 (C) (3)	165,000.	0.			COMMUNITY BENEFIT
CLAYTON COUNTY EXTENSION SERVICE 1262 GOVERNMENT CIRCLE JONESBORO, GA 30236	58-1551508	501 (C) (3)	19,846.	0.			COMMUNITY BENEFIT
CLAYTON COUNTY PUBLIC SCHOOL 1058 FIFTH AVENUE JONESBORO, GA 30236	45-4281815	501 (C) (3)	16,653.	0.			COMMUNITY BENEFIT
COBB COUNTY CENTER FOR CHILDREN & YOUNG ADULTS - 2221 AUSTELL ROAD, SUITE 100 - MARIETTA, GA 30008	58-1451180	501 (C) (3)	70,682.	0.			COMMUNITY BENEFIT
COLLABORATIVE SOLUTIONS INC P.O. BOX 130159 BIRMINGHAM, AL 35213-0159	85-0485864	501 (C) (3)	9,975.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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COMMUNITIES IN SCHOOLS OF ATLANTA 600 W. PEACHTREE ST., SUITE 1250 ATLANTA, GA 30308	58-1152807	501 (C) (3)	60,506.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF DOUGLAS COUNTY INC. - P.O. BOX 1077 - DOUGLASVILLE, GA 30133	75-3232668	501 (C) (3)	23,461.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF GEORGIA 260 PEACHTREE STREET ATLANTA, GA 30303	58-1912923	501 (C) (3)	71,250.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF MARIETTA/COBB COUNTY INC. - 328 ALEXANDER STREET, SUITE 10 - MARIETTA, GA 30060	58-2627310	501 (C) (3)	63,305.	0.			COMMUNITY BENEFIT
COMMUNITY ASSISTANCE CENTER (FORMERLY COMMUNITY ACTION CENTER INC.) - 1130 HIGHTOWER TRAIL - SANDY SPRINGS, GA 30350	58-1825565	501 (C) (3)	35,522.	0.			COMMUNITY BENEFIT
COMMUNITY SOLUTIONS 125 MAIDEN LANE, SUITE 16C NEW YORK, GA 10038	27-3523909	501 (C) (3)	11,000.	0.			COMMUNITY BENEFIT
CONSTRUCTION EDUCATION FND OF GEORGIA INC - P.O. BOX 92121 - ATLANTA, GA 30314	58-2062862	501 (C) (3)	30,000.	0.			COMMUNITY BENEFIT
CORNERS OUTREACH 2 SUN COURT, SUITE 220 PEACHTREE CORNERS, GA 30092	45-5613973	501 (C) (3)	68,000.	0.			COMMUNITY BENEFIT
COUNCIL FOR PROFESSIONAL RECOGNITION - 2460 16TH STREET, NW - WASHINGTON, DC 20009-3575	52-1410357	501 (C) (3)	12,848.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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COURT APPOINTED SPECIAL ADVOCATES OF PAULDING - P.O. BOX 24 - DALLAS, GA 30132	58-2218099	501 (C) (3)	15,000.	0.			COMMUNITY BENEFIT
COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON ROAD N. W. ATLANTA, GA 30318	13-3523561	501 (C) (3)	83,625.	0.			COMMUNITY BENEFIT
COWETA SAMARITAN CLINIC 137 JACKSON ST. NEWNAN, GA 30263	80-0518912	501 (C) (3)	15,000.	0.			COMMUNITY BENEFIT
CROSSROADS CHURCH OF DOUGLASVILLE 5960 STEWART PARKWAY DOUGLASVILLE, GA 30135		501 (C) (3)	8,000.	0.			COMMUNITY BENEFIT
CROSSROADS COMMUNITY MINISTRIES 420 COURTLAND STREET NE ATLANTA, GA 30308	58-2235391	501 (C) (3)	536,720.	0.			COMMUNITY BENEFIT
DECATUR COOPERATIVE MINISTRY INC. P.O. BOX 457 DECATUR, GA 30031	58-1082247	501 (C) (3)	55,692.	0.			COMMUNITY BENEFIT
DEKALB COUNTY BOARD OF HEALTH 445 WINN WAY DECATUR, GA 30030		170(C)(1)	7,500.	0.			COMMUNITY BENEFIT
DEKALB COUNTY CASA P.O. BOX 768 AVONDALE ESTATES, GA 30002	58-2048111	501 (C) (3)	14,136.	0.			COMMUNITY BENEFIT
DIABETES ASSOCIATION OF ATLANTA, INC. - 75 MARIETTA ST., SUITE 304 - ATLANTA, GA 30303	58-0973055	501 (C) (3)	80,703.	0.			COMMUNITY BENEFIT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EARLY EDUCATION ESSENTIALS P.O.BOX 80351 CONYERS, GA 30013	36-3186328	501 (C) (3)	18,450.	0.			COMMUNITY BENEFIT
EAST LAKE FOUNDATION 2606 ALSTON DRIVE. SE. ATLANTA, GA 30317	58-2204306	501 (C) (3)	180,000.	0.			COMMUNITY BENEFIT
EASTER SEALS NORTH GEORGIA 53 PERIMETER CENTER EAST, SUITE 550 ATLANTA, GA 30346	58-1919768	501 (C) (3)	240,432.	0.			COMMUNITY BENEFIT
EBENEZER BAPTIST CHURCH 101 JACKSON AVENUE ATLANTA, GA 30312	58-0836255	501 (C) (3)	28,500.	0.			COMMUNITY BENEFIT
ELAINE CLARK CENTER FOR EXCEPTIONAL CHILDREN - 5130 PEACHTREE INDUSTRIAL BLVD - CHAMBLEE, GA 30341	58-1079411	501 (C) (3)	23,593.	0.			COMMUNITY BENEFIT
EMMAUS HOUSE 1017 HANK AARON DRIVE SW ATLANTA, GA 30315	58-1942475	501 (C) (3)	141,000.	0.			COMMUNITY BENEFIT
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501 (C) (3)	80,728.	0.			COMMUNITY BENEFIT
ESSENCE OF HOPE, INC 2031 C METROPOLITAN PARKWAY ATLANTA, GA 30315	14-1989286	501 (C) (3)	65,100.	0.			COMMUNITY BENEFIT
EXCEPTIONALOPS P.O. BOX 2151 PEACHTREE CITY, GA 30269	58-0698809	501 (C) (3)	8,821.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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FAMILIES FIRST 80 JOSEPH E. LOWERY BLVD NW ATLANTA, GA 30314	58-1054331	501 (C) (3)	801,979.	0.			COMMUNITY BENEFIT
FAYETTE CARE CLINIC 1260 HWY 54 W., SUITE 204 FAYETTEVILLE, GA 30214	20-0314897	501 (C) (3)	28,669.	0.			COMMUNITY BENEFIT
FAYETTE COUNTY COUNCIL ON DOMESTIC VIOLENCE - P.O. BOX 854 - FAYETTEVILLE, GA 30214	58-1826445	501 (C) (3)	6,720.	0.			COMMUNITY BENEFIT
FAYETTE SENIOR SERVICES INC. 4 CENTER DRIVE FAYETTEVILLE, GA 30214	58-1364158	501 (C) (3)	19,145.	0.			COMMUNITY BENEFIT
FERST FOUNDATION FOR CHILDHOOD LITERACY - P.O. BOX 1327 - MADISON, GA 30650	58-2489181	501 (C) (3)	11,439.	0.			COMMUNITY BENEFIT
FLINT CIRCUIT COUNCIL ON FAMILY VIOLENCE INC - P.O. BOX 1150 - MCDONOUGH, GA 30253	58-1851426	501 (C) (3)	40,321.	0.			COMMUNITY BENEFIT
FRIENDS OF GWINNETT COUNTY SENIOR SERVICES - 75 LANGLEY DR. - LAWRENCEVILLE, GA 30046	58-2479011	501 (C) (3)	23,750.	0.			COMMUNITY BENEFIT
FSG, INC. 500 BOYLSTON ST. SUITE 600 BOSTON, MA 02116	20-2776974	501 (C) (3)	25,000.	0.			COMMUNITY BENEFIT
FUGEES FAMILY INC 757 GARDEN ROAD, SUITE 205 COLUMBUS, OH 43214	20-5771149	501 (C) (3)	20,000.	0.			COMMUNITY BENEFIT

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FULTON COUNTY CASA 395 PRYOR STREET SUITE 4116 ATLANTA, GA 30312	58-2330915	501 (C) (3)	30,780.	0.			COMMUNITY BENEFIT
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE. SW ATLANTA, GA 30310	58-1815194	501 (C) (3)	173,250.	0.			COMMUNITY BENEFIT
FUTURE FOUNDATION 1892 WASHINGTON RD EAST POINT, GA 30344	58-2636418	501 (C) (3)	16,000.	0.			COMMUNITY BENEFIT
GA ASSOCIATION FOR THE EDU OF YOUTH CHILDREN - P. O. BOX 49361 - ATLANTA, GA 30359	23-7036993	501 (C) (3)	21,315.	0.			COMMUNITY BENEFIT
GATE CITY DAY NURSERY ASSOCIATION 2080 CASCADE ROAD ATLANTA, GA 30311	58-0593408	501 (C) (3)	44,720.	0.			COMMUNITY BENEFIT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303-3638	58-2545984	501 (C) (3)	1,525,148.	0.			COMMUNITY BENEFIT
GENERATION: YOU EMPLOYED, INC. 1200 19TH STREET NW, STE 910 WASHINGTON, DC 20036	47-1073442	501 (C) (3)	102,103.	0.			COMMUNITY BENEFIT
GEORGIA CALLS 1705 ENTERPRISE DR., STE A BUFORD, GA 30518	27-4831070	501 (C) (3)	10,806.	0.			COMMUNITY BENEFIT
GEORGIA CAMPAIGN FOR ADOLESCENT PREGNANCY PREVENTION - 1718 PEACHTREE ST. NW, SUITE 465 - ATLANTA, GA 30309	31-1520709	501 (C) (3)	10,535.	0.			COMMUNITY BENEFIT

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GEORGIA CENTER FOR CHILD ADVOCACY P.O. BOX 17770 ATLANTA, GA 30316	58-1762069	501 (C) (3)	20,777.	0.			COMMUNITY BENEFIT
GEORGIA EARLY EDUCATION ALLIANCE FOR READY STUDENTS - 3400 PEACHTREE RD. NE, SUITE 1720 - ATLANTA, GA 30326	46-4250104	501 (C) (3)	1,009,000.	0.			COMMUNITY BENEFIT
GEORGIA FAMILY CONNECTION PARTNERSHIP, INC. - 235 PEACHTREE STREET, N.W., STE. #1600 - ATLANTA, GA 30303	58-1888262	501 (C) (3)	175,000.	0.			COMMUNITY BENEFIT
GEORGIA LAW CENTER FOR THE HOMELESS - ONE PARK TOWER, 34 PEACHTREE STREET, SUITE 750 - ATLANTA, GA 30303	58-1850632	501 (C) (3)	17,200.	0.			COMMUNITY BENEFIT
GEORGIA LIONS LIGHTHOUSE FOUNDATION - 5582 PEACHTREE ROAD - ATLANTA, GA 30341	58-0548732	501 (C) (3)	5,160.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY P.O. BOX 3999 ATLANTA, GA 30302-3999	58-6002050	501 (C) (3)	36,500.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC. - P.O. BOX 5317 - ATLANTA, GA 31107	58-1845423	501 (C) (3)	86,654.	0.			COMMUNITY BENEFIT
GEORGIA WORKS 275 PRYOR ST SW ATLANTA, GA 30303	36-4763575	501 (C) (3)	100,000.	0.			COMMUNITY BENEFIT
GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN ROAD MABLETON, GA 30126	58-0566190	501 (C) (3)	400,796.	0.			COMMUNITY BENEFIT

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GIRLS INCORPORATED OF GREATER ATLANTA - 1100 PEACHTREE ST NE, SUITE 200 - ATLANTA, GA 30309	58-1276804	501 (C) (3)	134,392.	0.			COMMUNITY BENEFIT
GOOD SAMARITAN HEALTH CENTER OF COBB - 1605 ROBERTA DR. SW - MARIETTA, GA 30008	32-0045238	501 (C) (3)	25,737.	0.			COMMUNITY BENEFIT
GOODWILL INDUSTRIES OF NORTH GEORGIA - 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 - DECATUR, GA 30033	20-8351046	501 (C) (3)	255,098.	0.			COMMUNITY BENEFIT
GOSHEN VALLEY FOUNDATION 387 GOSHEN CHURCH WAY WALESKA, GA 30183	58-2361483	501 (C) (3)	15,804.	0.			COMMUNITY BENEFIT
GRADY MEMORIAL HOSPITAL 50 HURT PLAZA, STE 301 ATLANTA, GA 30303	26-2037695	501 (C) (3)	391,000.	0.			COMMUNITY BENEFIT
GRANTMAKERS FOR EDUCATION 851 SW 6TH AVE SUITE 350 PORTLAND, OR 97204	33-0919329	501 (C) (3)	6,800.	0.			COMMUNITY BENEFIT
GREENING YOUTH FOUNDATION 50 HURT PLAZA, SUITE 980 ATLANTA, GA 30303	26-1211569	501 (C) (3)	51,840.	0.			COMMUNITY BENEFIT
GWINNETT COUNTY PUBLIC LIBRARY 1001 LAWRENCEVILLE HWY LAWRENCEVILLE, GA 30046	58-6003706	501 (C) (3)	10,000.	0.			COMMUNITY BENEFIT
GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION - 437 OLD PEACHTREE ROAD NW - SUWANEE, GA 30024-2978	16-1764597	501 (C) (3)	17,500.	0.			COMMUNITY BENEFIT

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GWINNETT TECH FOUNDATION 5150 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 30043	58-2106879	501 (C) (3)	450,000.	0.			COMMUNITY BENEFIT
HANDS OF HOPE CLINIC 1010 HOSPITAL DR BLDG B STOCKBRIDGE, GA 30281	42-1591970	501 (C) (3)	19,653.	0.			COMMUNITY BENEFIT
HARVEST RAIN ACADEMY 51 SENOIA ROAD FAIRBURN, GA 30213	58-2489584	501 (C) (3)	61,559.	0.			COMMUNITY BENEFIT
HEALTH EDUCATION ASSESSMENT & LEADERSHIP INC - 2600 MARTIN LUTHER KING JR. DR. SW, SUITE 100 - ATLANTA, GA 30311	26-3990559	501 (C) (3)	45,500.	0.			COMMUNITY BENEFIT
HEALTHY MOTHERS HEALTHY BABIES COALITION - 2300 HENDERSON MILL ROAD, STE 410 - ATLANTA, GA 30345	58-1440585	501 (C) (3)	56,004.	0.			COMMUNITY BENEFIT
HEARTS TO NOURISH HOPE INC. 640 HWY 138 S.W. RIVERDALE, GA 30274	58-2164638	501 (C) (3)	196,957.	0.			COMMUNITY BENEFIT
HENRY COUNTY COUNCIL ON AGING 1050 FLORENCE MCGARITY BLVD MCDONOUGH, GA 30252-2980	58-1903782	501 (C) (3)	12,500.	0.			COMMUNITY BENEFIT
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501 (C) (3)	164,623.	0.			COMMUNITY BENEFIT
HIV/AIDS EMPOWERMENT RESOURCE CENTER - 230 PEACHTREE ST NW, STE #1800 - ATLANTA, GA 30303-1514	56-2587827	501 (C) (3)	11,285.	0.			COMMUNITY BENEFIT

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HOMES OF LIGHT LLC 1800 MEMORIAL DR, STE G3 ATLANTA, GA 30317	45-2653565	501 (C) (3)	765,382.	0.			COMMUNITY BENEFIT
HOPE HOUSE 275 WASHINGTON STREET, SW ATLANTA, GA 30303	58-2074040	501 (C) (3)	11,520.	0.			COMMUNITY BENEFIT
HOPE THROUGH DIVINE INTERVENTION, INC. - 385 HOLLY STREET, NW - ATLANTA, GA 30318	58-2612136	501 (C) (3)	20,375.	0.			COMMUNITY BENEFIT
HOPE, INC. 490 BRISCOE BLVD LAWRENCEVILLE, GA 30046	46-3242812	501 (C) (3)	10,000.	0.			COMMUNITY BENEFIT
HORIZONS ATLANTA, INC. 177 NORTH AVE NW 3RD FLOOR, SUITE 1 ATLANTA, GA 30332	37-1747624	501 (C) (3)	113,000.	0.			COMMUNITY BENEFIT
HOUSE OF DAWN INC 298 S MAIN ST JONESBORO, GA 30236	58-2534495	501 (C) (3)	47,097.	0.			COMMUNITY BENEFIT
HOUSING INITIATIVE OF NORTH FULTON 89 GROVE WAY ROSWELL, GA 30075	58-2051038	501 (C) (3)	42,461.	0.			COMMUNITY BENEFIT
I CARE, INC. 735 SYCAMORE DR. DECATUR, GA 30030	58-2398925	501 (C) (3)	9,257.	0.			COMMUNITY BENEFIT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY, INC. - 4151 MEMORIAL DRIVE, SUITE 106D - DECATUR, GA 30032	20-1060068	501 (C) (3)	11,375.	0.			COMMUNITY BENEFIT

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INTERNATIONAL RESCUE COMMITTEE 2305 PARKLAKE DRIVE, SUITE 100 ATLANTA, GA 30345	13-5660870	501 (C) (3)	45,285.	0.			COMMUNITY BENEFIT
INTOWN COLLABORATIVE MINISTERIE 10216 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501 (C) (3)	20,000.	0.			COMMUNITY BENEFIT
JERUSALEM HOUSE 17 EXECUTIVE PARK DR NE, SUITE 290 ATLANTA, GA 30329-2220	58-1829807	501 (C) (3)	11,285.	0.			COMMUNITY BENEFIT
JEWISH FAMILY AND CAREER SERVICES 4549 CHAMBLEE-DUNWOODY RD. ATLANTA, GA 30338	58-1479212	501 (C) (3)	349,915.	0.			COMMUNITY BENEFIT
JUMPSTART ATLANTA 308 CONGRESS STREET 6TH FLOOR BOSTON, MA 02210	04-3262046	501 (C) (3)	125,000.	0.			COMMUNITY BENEFIT
LAAMISTAD, INC. 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501 (C) (3)	25,000.	0.			COMMUNITY BENEFIT
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324-3262	58-1237316	501 (C) (3)	156,342.	0.			COMMUNITY BENEFIT
LEADING TO MOVEMENT INC 665 BERNIE STREET SE ATLANTA, GA 30312	82-1427683	501 (C) (3)	110,000.	0.			COMMUNITY BENEFIT
LEARN4LIFE 191 PEACHTREE STREET NE, STE 1000 ATLANTA, GA 30303	58-1344646	501 (C) (3)	50,000.	0.			COMMUNITY BENEFIT

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LILBURN ELEMENTARY SCHOOL 531 LILBURN SCHOOL ROAD LILBURN, GA 30047	58-6000254	501 (C) (3)	7,660.	0.			COMMUNITY BENEFIT
LIVING ROOM 341 PONCE DE LEON AVENUE ATLANTA, GA 30308	31-1616463	501 (C) (3)	11,285.	0.			COMMUNITY BENEFIT
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY NE SANDY SPRINGS, GA 30328	20-0840930	501 (C) (3)	45,000.	0.			COMMUNITY BENEFIT
LUTHERAN SERVICES OF GEORGIA, INC. 230 PEACHTREE STREET NW, SUITE 1100 ATLANTA, GA 30303	58-1535692	501 (C) (3)	15,000.	0.			COMMUNITY BENEFIT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501 (C) (3)	413,561.	0.			COMMUNITY BENEFIT
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312	58-1448522	501 (C) (3)	61,000.	0.			COMMUNITY BENEFIT
METRO ATLANTA CHAMBER OF COMMERCE 191 PEACHTREE STREET NE, SUITE 3400 ATLANTA, GA 30303	58-0145520	501 (C) (3)	10,188.	0.			COMMUNITY BENEFIT
METRO COMMUNITY MINISTRIES 6310 ALVARADO COURT SAN DIEGO, GA 92120	83-1923701	501 (C) (3)	8,653.	0.			COMMUNITY BENEFIT
MIDTOWN ASSISTANCE CENTER INC. 30 PORTER PLACE N.E. ATLANTA, GA 30308	58-1837117	501 (C) (3)	37,000.	0.			COMMUNITY BENEFIT

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MUST MINISTRIES P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501 (C) (3)	134,183.	0.			COMMUNITY BENEFIT
NATIONAL FEDERATION OF COMMUNITY DEVELOPMENT - 39 BROADWAY, STE 2140 - NEW YORK, NY 10006-3063	11-2421972	501 (C) (3)	50,000.	0.			COMMUNITY BENEFIT
NATIONAL SUMMER LEARNING ASSOCIATION - 575 SOUTH CHARLES STREET, STE 310 - BALTIMORE, MD 21201	26-3356271	501 (C) (3)	30,000.	0.			COMMUNITY BENEFIT
NEW AMERICAN PATHWAYS, INC. 2300 HENDERSON MILL ROAD NE, SUITE ATLANTA, GA 30345	30-0130066	501 (C) (3)	47,797.	0.			COMMUNITY BENEFIT
NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD. DECATUR, GA 30034	58-2616862	501 (C) (3)	40,000.	0.			COMMUNITY BENEFIT
NICHOLAS HOUSE INC. 830 BOULEVARD SE ATLANTA, GA 30312	58-1762614	501 (C) (3)	206,296.	0.			COMMUNITY BENEFIT
NORTH FULTON CHILD DEVELOPMENT ASSOC. - 89 GROVE WAY - ROSWELL, GA 30075	58-1085443	501 (C) (3)	28,517.	0.			COMMUNITY BENEFIT
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501 (C) (3)	26,793.	0.			COMMUNITY BENEFIT
OAKHURST MEDICAL CENTERS, INC. 5582 MEMORIAL DR. STONE MOUNTAIN, GA 30083	58-1413957	501 (C) (3)	86,000.	0.			COMMUNITY BENEFIT

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ODYSSEY FAMILY COUNSELING CENTER 1919 JOHN WESLEY AVE COLLEGE PARK, GA 30337	58-1295404	501 (C) (3)	85,820.	0.			COMMUNITY BENEFIT
OUR HOUSE, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501 (C) (3)	102,517.	0.			COMMUNITY BENEFIT
PACE ACADEMY 966 WEST PACES FERRY RD. NW ATLANTA, GA 30327	58-0706812	501 (C) (3)	95,000.	0.			COMMUNITY BENEFIT
PARTNERS FOR HOME 818 POLLARD BLVD ATLANTA, GA 30315	47-3476724	501 (C) (3)	350,000.	0.			COMMUNITY BENEFIT
PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 170225 - ATLANTA, GA 30317	58-1314556	501 (C) (3)	61,165.	0.			COMMUNITY BENEFIT
PARTNERSHIP FOR COMMUNITY ACTION, INC - 815 PARK NORTH BLVD, SUITE 100 - CLARKSTON, GA 30021	58-6049573	501 (C) (3)	10,878.	0.			COMMUNITY BENEFIT
PER SCHOLAS INC 804 # 138TH ST., 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	30,000.	0.			COMMUNITY BENEFIT
PHOENIX PASS, INC. P.O. BOX 1155 CONYERS, GA 30012	26-3786404	501 (C) (3)	26,700.	0.			COMMUNITY BENEFIT
POSITIVE GROWTH INC. 4036 E. PONCE DE LEON AVENUE CLARKSTON, GA 30021	58-2299589	501 (C) (3)	28,944.	0.			COMMUNITY BENEFIT

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POSITIVE IMPACT HEALTH CENTERS INC 523 CHURCH STREET DECATUR, GA 30030	58-1973324	501 (C) (3)	72,156.	0.			COMMUNITY BENEFIT
PREMIER ACADEMY INC 120 RENAISSANCE PKWY NE ATLANTA, GA 30308	58-1169016	501 (C) (3)	106,759.	0.			COMMUNITY BENEFIT
PREVENT CHILD ABUSE ROCKDALE P.O. BOX 81025 CONYERS, GA 30013	58-1953388	501 (C) (3)	5,000.	0.			COMMUNITY BENEFIT
PROJECT COMMUNITY CONNECTIONS, INC. - 302 DECATUR ST, SE - ATLANTA, GA 30312	58-2373779	501 (C) (3)	399,941.	0.			COMMUNITY BENEFIT
PROJECT OPEN HAND ATLANTA INC. 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	43,345.	0.			COMMUNITY BENEFIT
PROJECT RENEWAL P.O. BOX 1205 CONYERS, GA 30012	58-2397407	501 (C) (3)	23,860.	0.			COMMUNITY BENEFIT
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY, SUITE 500 ATLANTA, GA 30324	58-2400285	501 (C) (3)	500,000.	0.			COMMUNITY BENEFIT
QUEST COMMUNITY DEVELOPMENT ORGANIZATION - 878 ROCK STREET NW - ATLANTA, GA 30314	58-2634738	501 (C) (3)	55,958.	0.			COMMUNITY BENEFIT
RAISING EXPECTATIONS, INC. P.O. BOX 92814 ATLANTA, GA 30314	58-2395581	501 (C) (3)	66,302.	0.			COMMUNITY BENEFIT

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REACH OUT & READ INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501 (C) (3)	150,000.	0.			COMMUNITY BENEFIT
RESOURCES FOR RESIDENTS AND COMMUNITIES OF GA - 100 FLAT SHOALS AVENUE, SE - ATLANTA, GA 30316	58-1869105	501 (C) (3)	8,650.	0.			COMMUNITY BENEFIT
ROCKDALE COALITION FOR CHILDREN & FAMILIES - P.O. BOX 658 - CONYERS, GA 30012	58-2336561	501 (C) (3)	20,000.	0.			COMMUNITY BENEFIT
ROCKDALE EMERGENCY RELIEF FUND 350 TALL OAKS DRIVE CONYERS, GA 30013-8369	51-0195410	501 (C) (3)	93,455.	0.			COMMUNITY BENEFIT
ROCKDALE HOUSE FOR MEN 1060 SCOTT ST. CONYERS, GA 30012	23-7371658	501 (C) (3)	32,400.	0.			COMMUNITY BENEFIT
SAINT JOSEPH'S MERCY CARE SERVICES INC. - 424 DECATUR STREET SE - ATLANTA, GA 30312	58-1752700	501 (C) (3)	159,050.	0.			COMMUNITY BENEFIT
SALVATION ARMY - GWINNETT P.O. BOX 465373 LAWRENCEVILLE, GA 30042	58-0660607	501 (C) (3)	11,500.	0.			COMMUNITY BENEFIT
SALVATION ARMY - JONESBORO 130 SPRING ST JONESBORO, GA 30237	58-0660607	501 (C) (3)	10,000.	0.			COMMUNITY BENEFIT
SALVATION ARMY-ATLANTA 469 MARIETTA ST. SW ATLANTA, GA 30313	58-0660607	501 (C) (3)	120,801.	0.			COMMUNITY BENEFIT

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SALVATION ARMY-GEORGIA DHQ 1000 CENTER PLACE NORCROSS, GA 30093	58-0660607	501 (C) (3)	166,675.	0.			COMMUNITY BENEFIT
SCOTTTDALE EARLY LEARNING INC 479 WARREN AVE. SCOTTTDALE, GA 30079	58-1281657	501 (C) (3)	33,452.	0.			COMMUNITY BENEFIT
SENIOR CITIZEN SERVICES OF METRO ATLANTA (MEALS ON WHEELS ATLANTA) - 1705 COMMERCE DRIVE N.W. - ATLANTA, GA 30318	58-0960309	501 (C) (3)	48,336.	0.			COMMUNITY BENEFIT
SENIOR CONNECTIONS PO BOX 451423 ATLANTA, GA 31145	58-1187876	501 (C) (3)	51,666.	0.			COMMUNITY BENEFIT
SER FAMILIA, INC. P.O. BOX 146 ACWORTH, GA 30101	35-2166123	501 (C) (3)	30,747.	0.			COMMUNITY BENEFIT
SHELTERING ARMS EARLY EDUCATION & FAMILY CENTER - 385 CENTENNIAL OLYMPIC PARK DR - ATLANTA, GA 30313	58-0566236	501 (C) (3)	630,898.	0.			COMMUNITY BENEFIT
SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E. MAYS DRIVE S.W. ATLANTA, GA 30311	58-1122346	501 (C) (3)	38,986.	0.			COMMUNITY BENEFIT
SIDE BY SIDE BRAIN INJURY CLUBHOUSE INC - 1001 MAIN STREET - STONE MOUNTAIN, GA 30083	58-2448708	501 (C) (3)	25,000.	0.			COMMUNITY BENEFIT
SINGLE PARENT ALLIANCE & RESOURCE CENTER, INC. - 4650 JIMMY CARTER BLVD., STE. 116B - NORCROSS, GA 30093	58-2605168	501 (C) (3)	501,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLOMON'S TEMPLE FOUNDATION 2836 SPRINGDALE RD SW ATLANTA, GA 30315	81-0983784	501 (C) (3)	75,000.	0.			COMMUNITY BENEFIT
SOUTHERN CRESCENT HABITAT FOR HUMANITY - 9570 TARA BLVD - JONESBORO, GA 30236	58-1761611	501 (C) (3)	38,262.	0.			COMMUNITY BENEFIT
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE. SW ATLANTA, GA 30315	58-1131002	501 (C) (3)	86,000.	0.			COMMUNITY BENEFIT
ST. JUDE'S RECOVERY CENTER 139 RENAISSANCE PARKWAY N.E. ATLANTA, GA 30308	58-6045872	501 (C) (3)	44,792.	0.			COMMUNITY BENEFIT
ST. PHILLIP AME CHURCH 240 CANDLER ROAD ATLANTA, GA 30317	26-2821649	501 (C) (3)	11,500.	0.			COMMUNITY BENEFIT
ST. VINCENT DE PAUL SOCIETY - ATLANTA - 2050 CHAMBLEE TUCKER ROAD, SUITE C - ATLANTA, GA 30341	58-0967972	501 (C) (3)	180,400.	0.			COMMUNITY BENEFIT
STEP BY STEP RECOVERY 119 WILSON COURT LAWRENCEVILLE, GA 30046	20-2822343	501 (C) (3)	26,575.	0.			COMMUNITY BENEFIT
STREET GRACE 5995 FINANCIAL DR., SUITE 180 NORCROSS, GA 30071	26-4335907	501 (C) (3)	20,000.	0.			COMMUNITY BENEFIT
SUCCESS LEADERSHIP ACADEMY, INC. 460 MAIN ST. FOREST PARK, GA 30297			23,677.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEETWATER MISSIONS 6289 VETERANS MEM. HWY, BLDG #12A AUSTELL, GA 30168	58-1992771	501 (C) (3)	233,320.	0.			COMMUNITY BENEFIT
TAG EDUCATION COLLABORATIVE, INC. 75 FIFTH STREET, NW SUITE 625 ATLANTA, GA 30308	58-2569666	501 (C) (3)	14,500.	0.			COMMUNITY BENEFIT
TEACH O REA PREPARATORY PRESCHOOL 791 RAYS ROAD STONE MOUNTAIN, GA 30083	20-8507403	501 (C) (3)	30,701.	0.			COMMUNITY BENEFIT
THE CENTER FOR FAMILY RESOURCES 995 ROSWELL STREET NE, SUITE 100 MARIETTA, GA 30066	58-0876634	501 (C) (3)	109,183.	0.			COMMUNITY BENEFIT
THE CENTER FOR PAN ASIAN COMMUNITY SERVICES - 3510 SHALLOWFORD RD NE - ATLANTA, GA 30341	58-1437980	501 (C) (3)	81,932.	0.			COMMUNITY BENEFIT
THE CENTER FOR WORKING FAMILIES 477 WINDSOR ST. SUITE 101 ATLANTA, GA 30312	43-2071145	501 (C) (3)	122,402.	0.			COMMUNITY BENEFIT
THE CHILDRENS HAVEN 1083 MARIETTA HWY CANTON, GA 30114	58-2563473	501 (C) (3)	34,417.	0.			COMMUNITY BENEFIT
THE COMMUNITY WELCOME HOUSE INC P.O. BOX 1631 NEWNAN,, GA 30264	58-1917626	501 (C) (3)	5,000.	0.			COMMUNITY BENEFIT
THE COUNCIL ON AGING 215 LAKEWOOD WAY SW # 105 ATLANTA, GA 30315	58-1299095	501 (C) (3)	17,100.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DRAKE HOUSE 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501 (C) (3)	47,503.	0.			COMMUNITY BENEFIT
THE EXTENSION INC 1507 CHURCH ST EXTENSION MARIETTA, GA 30061	58-1915156	501 (C) (3)	11,651.	0.			COMMUNITY BENEFIT
THE FRAZER CENTER 1815 PONCE DE LEON AVENUE NE ATLANTA, GA 30307	58-1824440	501 (C) (3)	10,560.	0.			COMMUNITY BENEFIT
THE GOOD SAMARITAN HEALTH CENTER INC. - 1015 DONALD LEE HOLLOWELL PKWY - ATLANTA, GA 30318	58-2373395	501 (C) (3)	14,345.	0.			COMMUNITY BENEFIT
THE LINK COUNSELING CENTER INC 348 MT. VERNON HIGHWAY NE ATLANTA, GA 30328	58-1190987	501 (C) (3)	44,689.	0.			COMMUNITY BENEFIT
THE ORANGE DUFFEL BAG INITIATIVE 1801 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30309	27-1845671	501 (C) (3)	16,000.	0.			COMMUNITY BENEFIT
THE POSSE FOUNDATION 101 MARIETTA ST. N.W., STE. 1040 ATLANTA, GA 30303	13-3840394	501 (C) (3)	12,500.	0.			COMMUNITY BENEFIT
THE SOURCE CHURCH UNLIMITED INC 3313 DUNCAN BRIDGE TRAIL BUFORD, GA 30519	11-3823417	501 (C) (3)	10,000.	0.			COMMUNITY BENEFIT
THE STUDY HALL, INC. 1010 CREW STREET ATLANTA, GA 30315	58-1830316	501 (C) (3)	5,160.	0.			COMMUNITY BENEFIT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES FOUNDATION P.O. BOX 29903 THE PRESIDIO SAN FRANCISCO, CA 94129-0903	51-0198509	501 (C) (3)	100,000.	0.			COMMUNITY BENEFIT
TRAVELERS AID OF METROPOLITAN ATLANTA - 34 PEACHTREE ST., SUITE 700 - ATLANTA, GA 30303	58-0566247	501 (C) (3)	170,804.	0.			COMMUNITY BENEFIT
TRINITY COMMUNITY MINISTRIES 21 BELL STREET NE ATLANTA, GA 30303	58-1804368	501 (C) (3)	9,600.	0.			COMMUNITY BENEFIT
TRUANCY INTERVENTION PROJECT GEORGIA INC - 395 PRYOR STREET, SUITE 4122 - ATLANTA, GA 30312	58-2096728	501 (C) (3)	6,257.	0.			COMMUNITY BENEFIT
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 617 BOYD GRADUATE STUDIES - ATHENS, GA 30602	58-1353149	501 (C) (3)	85,000.	0.			COMMUNITY BENEFIT
USHER'S NEW LOOK 500 BISHOP STREET NW, SUITE B5 ATLANTA, GA 30318	58-2480934	501 (C) (3)	65,085.	0.			COMMUNITY BENEFIT
USO COUNCIL OF GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501 (C) (3)	20,499.	0.			COMMUNITY BENEFIT
VETERANS EMPOWERMENT ORGANIZATION OF GA - 373 W LAKE AVE NW - ATLANTA, GA 30318	80-0219022	501 (C) (3)	558,653.	0.			COMMUNITY BENEFIT
VILLAGE MICRO FUND 2367 CASCADE RD. SW D15 ATLANTA, GA 30311	47-1748802	501 (C) (3)	15,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION REHABILITATION SERVICES OF GEORGIA - 3830 S. COBB DRIVE, SUITE 125 - SMYRNA, GA 30080	58-1550944	501 (C) (3)	12,232.	0.			COMMUNITY BENEFIT
VISITING NURSE HEALTH SYSTEM OF GEORGIA - 5775 GLENRIDGE DRIVE NE, SUITE E200 - ATLANTA, GA 30328	58-0566250	501 (C) (3)	189,261.	0.			COMMUNITY BENEFIT
VOX TEEN COMMUNICATIONS, INC. 229 PEACHTREE ST. NE, SUITE 725 ATLANTA, GA 30303	58-2107143	501 (C) (3)	7,521.	0.			COMMUNITY BENEFIT
WELLSPRING LIVING 1040 BOULEVARD SE, SUITE M ATLANTA, GA 30312	58-2614182	501 (C) (3)	18,667.	0.			COMMUNITY BENEFIT
WHITEFOORD COMMUNITY PROGRAM 1353 DUPONT AVENUE SE ATLANTA, GA 30317	58-2180056	501 (C) (3)	52,322.	0.			COMMUNITY BENEFIT
WHOLISTIC STRESS CONTROL INSTITUTE 2545 BENJAMIN E. MAYS DRIVE SW ATLANTA, GA 30311	58-1786170	501 (C) (3)	16,325.	0.			COMMUNITY BENEFIT
WISHES 4 ME FOUNDATION 1971 SUMTER COURT LAWRENCEVILLE, GA 30044	04-3670750	501 (C) (3)	63,882.	0.			COMMUNITY BENEFIT
YEAR UP ATLANTA 730 PEACHTREE ST. NE # 900 ATLANTA, GA 30308-1241	04-3534407	501 (C) (3)	25,800.	0.			COMMUNITY BENEFIT
YELLS, INC. 1156 PIEDMONT AVENUE, SUITE B6 ATLANTA, GA 30309	27-0900525	501 (C) (3)	85,680.	0.			COMMUNITY BENEFIT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN ATLANTA 101 MARIETTA STREET, SUITE 1100 ATLANTA, GA 30303	58-0566253	501 (C) (3)	754,208.	0.			COMMUNITY BENEFIT
YOUTHSPARK INC 395 PRYOR STREET SW, SUITE 1025 ATLANTA, GA 30312	58-2556130	501 (C) (3)	12,578.	0.			COMMUNITY BENEFIT
YWCA OF GREATER ATLANTA 957 NORTH HIGHLAND AVE ATLANTA, GA 30306	58-0593442	501 (C) (3)	17,986.	0.			COMMUNITY BENEFIT
YWCA OF NORTHWEST GEORGIA 48 HENDERSON STREET S.W. MARIETTA, GA 30064	58-0617782	501 (C) (3)	78,208.	0.			COMMUNITY BENEFIT
ZION HILL COMMUNITY DEVELOPMENT 2741 BAYARD STREET EAST POINT, GA 30344	81-0590367	501 (C) (3)	50,000.	0.			COMMUNITY BENEFIT

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

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

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

PART I, LINE 2:

UNITED WAY OF GREATER ATLANTA DISTRIBUTES PROGRAMMATIC FUNDS THROUGH THE
 COMMUNITY IMPACT FUND, GOVERNMENT GRANTS AND SPECIFIC, SHORT-TERM GOAL
 ORIENTED GRANTS. TO MONITOR THE COMMUNITY IMPACT FUND, NON-PROFITS
 ("GRANTEES") MUST ADHERE TO UNITED WAY MINIMUM REPORTING REQUIREMENTS AT
 MID-YEAR AND YEAR-END. THE REPORTS COVER DEMOGRAPHIC AND OUTCOME DATA TO
 DEMONSTRATE THE LEVEL OF IMPACT MADE BY THE UNITED WAY INVESTMENT. PROGRAM
 REPORTING IS SUBMITTED VIA THE UNITED WAY ONLINE DATABASE SYSTEM WHICH
 CAPTURES DATA ACROSS ALL PROGRAMS. STAFF ANALYZES THE INFORMATION SUBMITTED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MILTON LITTLE, JR. CHIEF EXECUTIVE OFFICER	(i)	381,295.	35,000.	34,355.	82,114.	22,724.	555,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	(i)	148,606.	0.	15,133.	35,837.	23,541.	223,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM PAKENHAM CHIEF OPERATING OFFICER	(i)	302,442.	0.	12,198.	7,872.	322.	322,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLAIRE BURKE CONTROLLER	(i)	108,878.	275.	8,450.	14,847.	25,224.	157,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	175,140.	0.	25,645.	8,933.	202.	209,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEITH BARSUHN CHIEF DEVELOPMENT OFFICER	(i)	184,344.	0.	15,860.	34,333.	21,285.	255,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ETHA HENRY EXECUTIVE VP OF COMMUNITY ENGAGEMENT	(i)	158,455.	0.	41,983.	41,480.	6,155.	248,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NANCY VEPRASKAS SENIOR VP OF HUMAN RESOURCES	(i)	164,009.	0.	21,550.	33,409.	8,272.	227,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY MAST VP, LEARNING & DEVELOPMENT	(i)	144,458.	0.	5,868.	557.	6,988.	157,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PROTIP BISWAS VP, HOMELESSNESS & COMM OR	(i)	100,495.	0.	27,711.	35,441.	20,457.	184,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SOCIAL CLUB DUES ARE PAID TO ENABLE EXECUTIVES TO HOLD AND ATTEND BUSINESS MEETINGS AT THE CLUB. THIS IS NOT TREATED AS A TAXABLE BENEFIT SINCE IT IS FOR BUSINESS PURPOSES ONLY.

PART I, LINE 7:

PERFORMANCE BONUS IS AVAILABLE TO THE CEO BASED ON THE ORGANIZATION'S PERFORMANCE IN THE AREAS OF REVENUE, REPUTATION, AND RESULTS. THE BONUS IS APPROVED BY THE COMPENSATION COMMITTEE AND CAN BE UP TO 10% OF THE CEO'S ANNUAL SALARY.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **UNITED WAY OF GREATER ATLANTA, INC** Employer identification number **58-0566194**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
DEVELOPMENT AUTHORITY OF A FULTON COUNTY, GEORGIA		000000000	09/07/11	5,810,000.	REFUND SERIES 1999 BONDS		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	2,870,000.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	5,810,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	110,000.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	5,700,000.								
12 Other unspent proceeds									
13 Year of substantial completion	1999								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X							
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X								

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	WELLS FARGO							
c Term of hedge	2.220000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?	X							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **UNITED WAY OF GREATER ATLANTA, INC** Employer identification number **58-0566194**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		3,936.	FAIR MARKET VALUE
5 Clothing and household goods	X		1,265,746.	FAIR MARKET VALUE
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	X	1,073	133,962.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS)	X	870,687	8,828,766.	FAIR MARKET VALUE
26 Other ▶ (PERSONAL CARE)	X	18	1,506,639.	FAIR MARKET VALUE
27 Other ▶ (TOILETRY BOXE)	X	25,117	502,340.	FAIR MARKET VALUE
28 Other ▶ (OFFICE SUPPLI)	X	182	70,488.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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

PART I, OTHER TYPES OF PROPERTY:

TICKETS AND ADVERTISING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 750

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 32963.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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

DRIVE SUSTAINABLE POSITIVE CHANGE TO HELP CHILDREN, FAMILIES AND
COMMUNITIES THRIVE. FOR INDIVIDUALS AND ORGANIZATIONS THAT WANT TO HELP
IMPROVE THE HEALTH OF THEIR COMMUNITY - UNITED WAY IS THE PLATFORM THAT
ENABLES INDIVIDUALS, GROUPS AND COMPANIES TO MAKE A DIFFERENCE -
INDIVIDUALLY AND COLLECTIVELY - IN WHATEVER WAY THEY WISH TO CONTRIBUTE
THEIR TIME, TALENT AND TREASURE.

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

INVESTMENTS ARE DIRECTED TOWARD PROGRAMS DELIVERED BY PARTNER
NONPROFITS WITH PROVEN EFFECTIVENESS IN CREATING MEASURABLE AND
SUSTAINABLE CONTRIBUTIONS TO THE COMMUNITY.

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

ADDRESS EVERYDAY CHALLENGES OF LIVING, AS WELL AS THOSE THAT DEVELOP
DURING TIMES OF COMMUNITY EMERGENCIES. ANSWERING MORE THAN 525,525
CONTACTS THROUGH TELEPHONE, TEXT, LIVE CHATS, EMAIL, MOBILE APP,
POSTAL, 2-1-1 HELPS MANY THROUGHOUT THE COMMUNITY. THE COMMUNITY CAN
VISIT OUR WEBSITE TO SEARCH THE 211 DATABASE FOR THEMSELVES.

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

ALL POTENTIAL SOLUTIONS THEY HELP US MOVE THE NEEDLE - EVIDENCE-BASED
STRATEGIES, INNOVATIVE PROGRAMS, POLICIES, VOLUNTEERISM, AMONG OTHERS.

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

UNITED WAY PROVIDES SUPPORT AND SERVICES TO COMMUNITY GROUPS AND PUBLIC

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
--	--

AGENCIES IN ATLANTA THROUGH THE USE OF THE LOUDERMILK CONFERENCE CENTER. THE LOUDERMILK CONFERENCE CENTER EXEMPLIFIES UNITED WAY'S COMMITMENT TO THE CITY BY SERVING AS THE PREMIER MEETING PLACE FOR METRO ATLANTA NONPROFIT ORGANIZATIONS, CIVIC GROUPS AND THE BUSINESS COMMUNITY. UNITED WAY ALSO LEASES THE WOODRUFF VOLUNTEER CENTER TO NON-PROFITS AND OTHER BUSINESSES. ADDITIONALLY, UNITED WAY EARNS REVENUE ON FEE-FOR-SERVICE ARRANGEMENTS. EXPENSES \$ 10,663,650. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,918,473.

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

MANAGEMENT REVIEWS THE FORM 990 BEFORE IT IS MADE AVAILABLE TO THE BOARD OF DIRECTORS VIA EMAIL. BOARD MEMBERS ARE ENCOURAGED TO REVIEW THE DOCUMENT SO AS TO BECOME FAMILIAR WITH THE INFORMATION AND HAVE OPPORTUNITY FOR INPUT AS DESIRED.

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

THE BOARD OF DIRECTORS OF UNITED WAY OF GREATER ATLANTA AND THE CEO, COO, AND VICE PRESIDENTS ALL ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY AND THEY ARE REQUIRED TO SIGN THE POLICY AND RETURN IT TO UNITED WAY OF GREATER ATLANTA. IN THE EVENT OF A CONFLICT, THAT PERSON WILL EXCUSE HIM OR HERSELF FROM THE DISCUSSIONS AND POTENTIAL VOTING.

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

UNITED WAY HIRES AN OUTSIDE CONSULTANT TO PERFORM A COMPENSATION AUDIT EVERY TWO YEARS. THE CONSULTANT PERFORMS THE FOLLOWING RESEARCH IN TERMS OF THE CEO'S SALARY: IN REVIEWING THE CEO'S SALARY WE WILL BE COMPARING THE CEO POSITION OF THE UNITED WAY OF GREATER ATLANTA WITH COMPARABLE POSITIONS AT OTHER NON-PROFIT ENTITIES. IN CONDUCTING THIS ANALYSIS, CONSIDERATIONS

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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ARE MADE TO DETERMINE APPROPRIATE EXTERNAL COMPARISONS BASED ON DUTIES, RESPONSIBILITIES, AND FUNCTIONS OF THE POSITION ALONG WITH GEOGRAPHIC CONSIDERATIONS AS MAY BE APPROPRIATE. THE SOURCES USED WILL BE ESTABLISHED AND RESPECTED COMPENSATION SURVEYS COMPILED FROM PARTICIPATING NON-PROFIT ENTITIES OF SIMILAR SIZE AND COMPLEXITY. IN DETERMINING COMPARABLE ENTITIES BOTH THE MISSION, OPERATING BUDGET, REVENUE/CONTRIBUTIONS GENERATED, AND EMPLOYEE COUNTS OF THE ORGANIZATION ARE TAKEN INTO CONSIDERATION. AS A SECOND POINT OF COMPARISON, WE WILL CONDUCT AN IRS FORM 990 ANALYSIS. NON-PROFIT ENTITIES OF SIMILAR MISSION AND REVENUE SIZE WILL BE INCLUDED IN THE ANALYSIS. THESE TWO COMPARISON APPROACHES ARE USED IN MAKING THE FINAL OVERALL DETERMINATION FOR THE CEO POSITION. OTHER EMPLOYEE'S COMPENSATION IS ALSO BENCHMARKED BASED ON THE COMPENSATION AUDIT PERFORMED EVERY TWO YEARS. OTHER EMPLOYEE'S COMPENSATION IS COMPARED TO OTHER NON-PROFITS AND FOR PROFIT COMPANIES THROUGH AN INDEPENDENT COMPENSATION STUDY. IN CONDUCTING THIS ANALYSIS, CONSIDERATIONS ARE MADE TO DETERMINE APPROPRIATE EXTERNAL COMPARISONS BASED ON DUTIES, RESPONSIBILITIES, AND FUNCTIONS OF EACH POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF GREATER ATLANTA MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT AND FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE EXTERNAL WEBSITE: WWW.UNITEDWAYATLANTA.ORG. THE ORGANIZATION'S BY-LAWS, CHARTER, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC WHEN REQUESTED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN LIABILITY FOR PENSION BENEFIT 93,108.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **UNITED WAY OF GREATER ATLANTA, INC** Employer identification number **58-0566194**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
24/7 GATEWAY CENTER - 26-1193832 275 PRYOR STREET SW ATLANTA, GA 30303	SHELTER AND SUPPORT FOR HOMELESS INDIVIDUALS AND FAMILIES	GEORGIA	501(C)(3)	LINE 12A, I	UNITED WAY OF GREATER ATLANTA	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 24/7 GATEWAY CENTER	B	1,555,000.	EXPENSE INCURRED
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

