

PUBLIC DISCLOSURE COPY

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF GREATER ATLANTA, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>40 COURTLAND STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30303</b> <b>F</b> Name and address of principal officer: <b>KRISTEN MCCOLLUM</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>58-0566194</b> <b>E</b> Telephone number <b>404-527-7200</b> <b>G</b> Gross receipts \$ <b>150,442,695.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYATLANTA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1972</b>
		<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER ATLANTA BRINGS TOGETHER PEOPLE AND RESOURCES TO TACKLE COMPLEX ISSUES AND</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>44</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>259</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3000</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>891,273.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	104,289,109.	119,342,396.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,945,518.	4,984,558.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	977,618.	7,805,997.
<b>12</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	290,872.	-142,977.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>111,503,117.</b>	<b>131,989,974.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	70,840,107.	85,640,973.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,128,088.	20,986,439.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>8,866,422.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,964,838.	21,475,439.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>109,933,033.</b>	<b>128,102,851.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,570,084.</b>	<b>3,887,123.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	113,366,026.	107,175,285.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	44,409,328.	34,524,513.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>68,956,698.</b>	<b>72,650,772.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>KRISTEN MCCOLLUM, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00748038</b>
	Firm's name ▶ <b>CHERRY BEKAERT LLP</b> Firm's address ▶ <b>1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309</b>	Firm's EIN ▶ <b>56-0574444</b> Phone no. <b>404-209-0954</b>

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? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 7,640,921. including grants of \$ 7,640,921. ) (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 WELLBEING IMPACT FUND ALLOWS YOU TO HAVE THE BIGGEST IMPACT ON OUR COMMUNITY. THE FUND COVERS MULTIPLE AREAS THAT HELP ADVANCE CHILD WELLBEING ACROSS GREATER ATLANTA. DECISIONS ARE MADE THROUGH A PROCESS DIRECTED BY UNITED WAY AND INVOLVES SUBJECT MATTER EXPERTS AS WELL AS TRAINED VOLUNTEERS. INVESTMENTS ARE DIRECTED

4b (Code: ) (Expenses \$ 24,128,502. including grants of \$ 9,448,289. ) (Revenue \$ 285,489. ) 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 \$ 76,137,567. including grants of \$ 68,551,763. ) (Revenue \$ 1,184,922. ) UNITED WAY HAS ADOPTED, IN PARTNERSHIP WITH DOZENS OF COMMUNITY PARTNERS, A "YARDSTICK" FOR CHILD WELLBEING 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 WELLBEING, 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 on Schedule O.) (Expenses \$ 5,751,235. including grants of \$ ) (Revenue \$ 2,622,874.)

4e Total program service expenses 113,658,225.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		259
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 44		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 44		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN KELLY BOARD CHAIR	0.50	X						0.	0.	0.
(2) J. WADE WEEKS FINANCE & PROPERTY EXECUTIVE CHAIR	0.50	X						0.	0.	0.
(3) MATTHEW GROSVENOR AUDIT CHAIR	0.50	X						0.	0.	0.
(4) MEGHAN MAGRUDER COMMUNITY ENGAGEMENT CHAIR	0.50	X						0.	0.	0.
(5) TRACY TECHAU AGENCY LIAISON	0.50	X						0.	0.	0.
(6) JAMES WILLIAMS LABOR LIAISON	0.50	X						0.	0.	0.
(7) LOURDES GRILL MARKETING & COMMUNICATIONS	0.50	X						0.	0.	0.
(8) CHRIS SIZEMORE PUBLIC POLICY CHAIR	0.50	X						0.	0.	0.
(9) MARY ELLEN GARRETT TOCQUEVILLE SOCIETY CHAIR	0.50	X						0.	0.	0.
(10) STEPHEN R. SCHERGER IMMED PAST PRESIDENT/GOVERNANCE CHAI	0.50	X						0.	0.	0.
(11) KATINA ASBELL AT LARGE	0.50	X						0.	0.	0.
(12) MARY BENTON AT LARGE	0.50	X						0.	0.	0.
(13) RAPHAEL BOSTIC AT LARGE	0.50	X						0.	0.	0.
(14) PETER CARTER AT LARGE	0.50	X						0.	0.	0.
(15) STACEY CHAVIS AT LARGE	0.50	X						0.	0.	0.
(16) WILLIAM CHEEKS AT LARGE (COBB)	0.50	X						0.	0.	0.
(17) AMY CORN AT LARGE	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) PATRICIA FALOTICO AT LARGE	0.50	X						0.	0.	0.
(19) S. ELIZABETH FORD AT LARGE (DEKALB)	0.50	X						0.	0.	0.
(20) JONATHAN FOWLER AT LARGE	0.50	X						0.	0.	0.
(21) DEREK GOSHAY AT LARGE	0.50	X						0.	0.	0.
(22) ALOK GUPTA AT LARGE	0.50	X						0.	0.	0.
(23) CHARLOTTE KING AT LARGE	0.50	X						0.	0.	0.
(24) ROBERT KIRKMAN AT LARGE (GWINNETT)	0.50	X						0.	0.	0.
(25) JAMIE KLINNERT AT LARGE	0.50	X						0.	0.	0.
(26) JAMES LOVE AT LARGE	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,455,262.	0.	634,341.
<b>d Total (add lines 1b and 1c)</b>								2,455,262.	0.	634,341.

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 **20**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CURRY DAVIS CONSULTING GROUP, LLC 5117 ROSEWOOD PLACE, FAIRBURN, GA 30213	CONSULTING	382,069.
UNITED WAY WORLDWIDE 701 N. FAIRFAX ST., ALEXANDRIA, VA 22314	CONSULTING	252,354.
AT&T 208 S. AKARD ST., DALLAS, TX 75202	TELECOMMUNICATIONS	200,589.
CREATIVE MISCHIEF, 1360 W PEACHTREE ST NW STE 700, ATLANTA, GA 30309	CONSULTING	162,888.
CHERRY BEKAERT LLP, 200 SOUTH 10TH STREET, STE 900, RICHMOND, VA 23219	ACCOUNTING	145,245.

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 **9**

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) ANGEL MALDONADO AT LARGE	0.50	X						0.	0.	0.
(28) FELICIA MCDADE AT LARGE	0.50	X						0.	0.	0.
(29) ROBERT MCKEEL AT LARGE	0.50	X						0.	0.	0.
(30) JASON MCLARRY AT LARGE	0.50	X						0.	0.	0.
(31) GLENN MITCHELL AT LARGE	0.50	X						0.	0.	0.
(32) OVIE MUGHELLI AT LARGE	0.50	X						0.	0.	0.
(33) CHRIS PECK AT LARGE	0.50	X						0.	0.	0.
(34) JAMES PIROUZ AT LARGE	0.50	X						0.	0.	0.
(35) ERIKA PREVAL AT LARGE	0.50	X						0.	0.	0.
(36) BRENDA REID AT LARGE	0.50	X						0.	0.	0.
(37) IVAN SHAMMAS AT LARGE	0.50	X						0.	0.	0.
(38) YAARIT SILVERSTONE AT LARGE	0.50	X						0.	0.	0.
(39) KATERINA TAYLOR AT LARGE	0.50	X						0.	0.	0.
(40) TERRY VACHERON AT LARGE	0.50	X						0.	0.	0.
(41) JANICE VAN NESS AT LARGE (ROCKDALE)	0.50	X						0.	0.	0.
(42) CALVIN WARD AT LARGE	0.50	X						0.	0.	0.
(43) WILL WILLIAMS AT LARGE	0.50	X						0.	0.	0.
(44) LEIGH WOISARD AT LARGE	0.50	X						0.	0.	0.
(45) MILTON LITTLE, JR. CHIEF EXECUTIVE OFFICER	40.00			X				481,034.	0.	65,453.
(46) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	40.00			X				190,783.	0.	119,353.
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				348,254.	0.	11,125.
(48) CLAIRE BURKE CONTROLLER	40.00			X				134,100.	0.	74,019.
(49) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00				X			217,714.	0.	7,878.
(50) SARAH HSI CIO	40.00				X			185,676.	0.	39,994.
(51) KEITH BARSUHN CHIEF DEVELOPMENT OFFICER	40.00				X			193,175.	0.	48,045.
(52) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00					X		142,319.	0.	55,872.
(53) ETHA HENRY EXECUTIVE VP OF COMMUNITY ENGAGEMENT	40.00					X		130,030.	0.	100,310.
(54) AMY MAST VP, LEARNING AND DEVELOPMENT	40.00					X		162,175.	0.	15,816.
(55) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	40.00					X		140,352.	0.	78,645.
(56) JEFFERY ESOLA VP, CORPORATE RELATIONS	40.00					X		129,650.	0.	17,831.
Total to Part VII, Section A, line 1c								2,455,262.		634,341.

**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	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>	795,956.		
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	2,418,938.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	116,127,502.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 16,850,342.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		119,342,396.		
	Program Service Revenue	<b>2 a</b>	BUILDING INCOME	Business Code 532000	3,072,696.	2,181,423.
<b>b</b>		PROCESSING & FUNDRAISING FEES	900099	820,067.	820,067.	
<b>c</b>		ALL OTHER NON-CAMPAIGN FEES	900099	365,193.	365,193.	
<b>d</b>		INITIATIVE FEES	900099	364,855.	364,855.	
<b>e</b>		211 PROGRAM FEES	900099	285,489.	285,489.	
<b>f</b>		All other program service revenue	900099	76,258.	76,258.	
<b>g</b>		<b>Total.</b> Add lines 2a-2f		4,984,558.		
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		844,564.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				7,227,794.	17,650,000.	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	7,344,054.	10,572,307.	
	<b>c</b>	Gain or (loss)	<b>7c</b>	-116,260.	7,077,693.	
	<b>d</b>	Net gain or (loss)		6,961,433.		6,961,433.
<b>8 a</b>	Gross income from fundraising events (not including \$ 795,956. of contributions reported on line 1c). See Part IV, line 18					
			293,281.			
		<b>8a</b>				
<b>b</b>	Less: direct expenses	<b>8b</b>	536,360.			
<b>c</b>	Net income or (loss) from fundraising events		-243,079.		-243,079.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
		<b>9a</b>				
<b>b</b>	Less: direct expenses	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
		<b>10a</b>				
<b>b</b>	Less: cost of goods sold	<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	VOIDED CHECKS	Business Code 900099	100,102.		100,102.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		100,102.		
<b>12</b>	<b>Total revenue.</b> See instructions		131,989,974.	4,093,285.	891,273.	7,663,020.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	85,515,973.	85,515,973.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	125,000.	125,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,116,705.		1,649,792.	466,913.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	14,425,788.	8,346,214.	1,037,976.	5,041,598.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,186,569.	693,128.	48,218.	445,223.
<b>9</b> Other employee benefits	2,120,741.	1,236,899.	88,837.	795,005.
<b>10</b> Payroll taxes	1,136,636.	556,075.	236,212.	344,349.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	18,478.	14,760.	3,355.	363.
<b>c</b> Accounting	153,890.	29,620.	124,270.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,242,343.	1,817,707.	337,113.	87,523.
<b>12</b> Advertising and promotion	608,752.	116,799.	25,171.	466,782.
<b>13</b> Office expenses	3,732,720.	1,318,156.	1,244,011.	1,170,553.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,353,142.	2,304,142.	49,000.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	567,677.	457,131.	62,433.	48,113.
<b>20</b> Interest	186,117.	77,912.	108,205.	
<b>21</b> Payments to affiliates	583,263.	233,305.	349,958.	
<b>22</b> Depreciation, depletion, and amortization	1,329,180.	1,115,527.	213,653.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COST OF FOOD	903,198.	903,198.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	8,796,679.	8,796,679.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	128,102,851.	113,658,225.	5,578,204.	8,866,422.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,640,834.	<b>1</b>	19,171,642.
	<b>2</b> Savings and temporary cash investments .....	8,787,075.	<b>2</b>	12,260,669.
	<b>3</b> Pledges and grants receivable, net .....	26,174,413.	<b>3</b>	17,736,724.
	<b>4</b> Accounts receivable, net .....	11,940,343.	<b>4</b>	9,740,611.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	80,802.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	377,267.	<b>9</b>	982,575.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 34,444,492.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 23,812,751.	<b>10c</b>	10,631,741.
	<b>11</b> Investments - publicly traded securities .....	33,555,756.	<b>11</b>	35,214,922.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,473,472.	<b>15</b>	1,436,401.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	113,366,026.	<b>16</b>	107,175,285.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,406,206.	<b>17</b>	16,770,228.
	<b>18</b> Grants payable .....	4,801,254.	<b>18</b>	3,288,945.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	2,474,241.	<b>20</b>	1,375,306.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	9,242,026.	<b>24</b>	3,536,700.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,485,601.	<b>25</b>	9,553,334.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	44,409,328.	<b>26</b>	34,524,513.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	34,460,181.	<b>27</b>	33,745,966.
	<b>28</b> Net assets with donor restrictions .....	34,496,517.	<b>28</b>	38,904,806.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	68,956,698.	<b>32</b>	72,650,772.
<b>33</b> Total liabilities and net assets/fund balances .....	113,366,026.	<b>33</b>	107,175,285.	

**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	131,989,974.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,102,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,887,123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,956,698.
5	Net unrealized gains (losses) on investments	5	463,607.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-656,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,650,772.

**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 on 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 on 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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		
<b>Total</b>						



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	106604774	111825533	106468736	104636875	119342396	548878314
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	106604774	111825533	106468736	104636875	119342396	548878314
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						74480351.
<b>6 Public support.</b> Subtract line 5 from line 4.						474397963

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	106604774	111825533	106468736	104636875	119342396	548878314
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	486,655.	560,470.	684,212.	955,384.	844,564.	3531285.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		26,733.	221,125.	162,366.	96,011.	506,235.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						552915834
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,257,055.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	85.80 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	86.35 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

- 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

**Part VI**

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

Multiple horizontal lines for providing supplemental information.

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

OMB No. 1545-0047

**2019**

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).



Name of organization  <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number  <b>58-0566194</b>
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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>12,916,625.</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>18,737,439.</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  <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number  <b>58-0566194</b>
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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  <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number  <b>58-0566194</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2019**

**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](http://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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	11,465.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	75,690.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	87,155.													
<b>d</b>	Other exempt purpose expenditures .....	128015696.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	128102851.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	290,659.	48,987.	55,903.	87,155.	482,704.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	26,802.	17,046.	21,765.	11,465.	77,078.

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,671,000.	4,589,000.	4,136,000.	3,719,000.	3,702,000.
b Contributions			143,000.		
c Net investment earnings, gains, and losses	142,000.	285,000.	310,000.	417,000.	17,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	165,000.	203,000.			
f Administrative expenses					
g End of year balance	4,648,000.	4,671,000.	4,589,000.	4,136,000.	3,719,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  65.64 %
  - c Term endowment  34.36 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 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		3,567,896.		3,567,896.
b Buildings		26,407,843.	21,098,445.	5,309,398.
c Leasehold improvements		822,533.	177.	822,356.
d Equipment		3,646,220.	2,714,129.	932,091.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>10,631,741.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DONOR DESIGNATED ALLOCATIONS</b>	
(3) <b>PAYABLE</b>	<b>9,553,334.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>9,553,334.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	107,828,941.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	463,607.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	536,360.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	999,967.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	106,828,974.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	25,161,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,161,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	131,989,974.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	104,134,867.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,193,016.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,193,016.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	102,941,851.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	25,161,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,161,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	128,102,851.

**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, 2020.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED NET OF REVENUE 536,360.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 25,161,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED NET OF REVENUE 536,360.

CHANGE IN LIABILITY FOR PENSION BENEFIT 656,656.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,193,016.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 25,161,000.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

**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		125,000.
<b>3 a</b> Subtotal .....	0	0			125,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			125,000.

**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.

1 (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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL SUPPORT	105,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL SUPPORT	20,000.	WIRE	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 ..... **2**

3 Enter total number of other organizations or entities ..... **2**

**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 HAD ONE DONOR THAT DIRECTED A GIFT TO UNITED WAY OF LOWER MAINLAND (CANADA) AND TO UNITED WAY OF GREATER VICTORIA (CANADA). UNITED WAY OF GREATER ATLANTA DID NOT MONITOR THE USAGE OF THESE GIFTS AS THEY WERE DONOR DESIGNATED GIFTS TO NON-GRANTEE AGENCIES AND UNITED WAY ORGANIZATIONS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number <b>58-0566194</b>
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**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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 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			
<b>Total</b> .....						

- 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.
- 
- 
- 
- 
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- 
-

**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)	5 (total number)		
Revenue	1	Gross receipts	456,875.	311,822.	320,540.	1,089,237.
	2	Less: Contributions	356,875.	242,697.	196,384.	795,956.
	3	Gross income (line 1 minus line 2)	100,000.	69,125.	124,156.	293,281.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	145,043.	245,461.	145,856.	536,360.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				536,360.
11	Net income summary. Subtract line 10 from line 3, column (d)				-243,079.	

**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.

\_\_\_\_\_

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\_\_\_\_\_



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

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
100 BLACK MEN OF AMERICA/ATLANTA 141 AUBURN AVE ATLANTA, GA 30303	58-1721923	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
180 YOUR GRIEF INC. 2105 LOWER ROSWELL RD. MARIETTA, GA 30068	47-3200130	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
21ST CENTURY LEADERS P.O. BOX 1125 DECATUR, GA 30031	58-1820875	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
3D GIRLS INCORPORATED P.O. BOX 10924 ATLANTA, GA 30310	45-5319886	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
ACCEPTANCE RECOVERY CENTER P.O. BOX 6693 ATHENS, GA 30604	47-5483219	501(C)(3)	5,940.	0.			COMMUNITY BENEFIT
ACCESS TO CAPITAL FOR ENTREPRENEURS INC. - 3173 HIGHWAY 129 NORTH - CLEVELAND, GA 30528	58-2383669	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **445.**

**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) (2019)

**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
ACTION MINISTRIES INC 1700 CENTURY CIRCLE NE, SUITE 200 ATLANTA, GA 30345	58-2070427	501(C)(3)	318,465.	0.			COMMUNITY BENEFIT
AGAPE COMMUNITY CENTER 2353 BOLTON ROAD NW, ATLANTA, GA 30318	58-2372950	501(C)(3)	32,600.	0.			COMMUNITY BENEFIT
AGNES SCOTT COLLEGE 141 E. COLLEGE AVENUE DECATUR, GA 30030-3797	58-0566116	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY (SOUTH ATLANTIC DIVISION, INC.) - PO BOX 56567 - ATLANTA, GA 30343	58-0659875	501(C)(3)	60,235.	0.			COMMUNITY BENEFIT
AMERICAN RED CROSS METRO ATLANTA CHAPTER - 1955 MONROE DRIVE N.E. - ATLANTA, GA 30324	58-0603132	501(C)(3)	433,996.	0.			COMMUNITY BENEFIT
ANCHOR OF HOPE INC. P.O. BOX 70702 MARIETTA, GA 30007	46-2351549	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
ANDREW & WALTER YOUNG YMCA 2220 CAMELTON ROAD S.W ATLANTA, GA 30311	58-0593442	501(C)(3)	22,000.	0.			COMMUNITY BENEFIT
ANOTHER CHANCE OF ATLANTA, INC. 777 CLEVELAND AVE., SUITE 520 ATLANTA, GA 30315	58-2590035	501(C)(3)	100,302.	0.			COMMUNITY BENEFIT
ARTPORTUNITY KNOCKS INC. 1755 THE EXCHANGE SE, STE 19 ATLANTA, GA 30339	27-1004474	501(C)(3)	10,000.	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
ASIAN AMERICANS ADVANCING JUSTICE-ATL - 5680 OAKBROOK PKWY, STE 148 - NORCROSS, GA 30093	27-2577567	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
ATLANTA BIRTH CENTER 1 BALTIMORE PLACE NW STE 105 ATLANTA, GA 30308	46-0980472	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
ATLANTA CANCER CARE FOUNDATION, INC. - 5670 PEACHTREE DUNWOODY ROAD, SUITE 1100 - ATLANTA, GA 30342	58-2607802	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ATLANTA CARES MENTORING 4725 WALTON CROSSING-UNIT 3212 ATLANTA, GA 30331	27-0354245	501(C)(3)	53,000.	0.			COMMUNITY BENEFIT
ATLANTA CENTER FOR SELF SUFFICIENCY, INC. - 460 EDGEWOOD AVE SE - ATLANTA, GA 30312	58-1479816	501(C)(3)	293,250.	0.			COMMUNITY BENEFIT
ATLANTA CHILDREN'S SHELTER 607 PEACHTREE ST NE ATLANTA, GA 30308	58-1675299	501(C)(3)	72,500.	0.			COMMUNITY BENEFIT
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501(C)(3)	751,395.	0.			COMMUNITY BENEFIT
ATLANTA FIRE RESCUE FOUNDATION INC. - 976 BRODY AVE. N.W., STE 100 - ATLANTA, GA 30318	30-0245635	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)(3)	10,000.	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
ATLANTA JOBS WITH JUSTICE 420 MCDONOUGH BLVD ATLANTA, GA 30315	20-2794280	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
ATLANTA LEGAL AID SOCIETY, INC. 54 ELLIS STREET, NE ATLANTA, GA 30303	58-0568691	501(C)(3)	192,596.	0.			COMMUNITY BENEFIT
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE RD. SE ATLANTA, GA 30316	58-1242857	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
ATLANTA NEIGHBORHOOD DEVELOPMENT PA - 100 PECHTREE STREET NW, SUITE 700 - ATLANTA, GA 30303	58-1946632	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
ATLANTA PARTNERS FOR EDUCATION 130 TRINITY AVENUE SW ATLANTA, GA 30303	58-1463137	501(C)(3)	280,000.	0.			COMMUNITY BENEFIT
ATLANTA POLICE FOUNDATION 191 PEACHTREE STREET NE #191 ATLANTA, GA 30303	11-3655936	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVENUE SW, 4TH FLOOR ATLANTA, GA 30302	14-2005840	501(C)(3)	257,000.	0.			COMMUNITY BENEFIT
ATLANTA SCIENCE FESTIVAL INC 191 PEACHTREE STREET NE, STE 3400 ATLANTA, GA 30303	47-1652595	501(C)(3)	9,250.	0.			COMMUNITY BENEFIT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PKWY N W ATLANTA, GA 30327	58-0566198	501(C)(3)	1,551,400.	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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ATLANTA TECHNICAL COLLEGE FOUNDATION, INC. - 1560 METROPOLITAN PARKWAY - ATLANTA, GA 30310	58-2582973	501(C)(3)	128,750.	0.			COMMUNITY BENEFIT
ATLANTA UNION MISSION 2353 BOLLTON RD NW ATLANTA, GA 30329	58-0572430	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE - ATLANTA, GA 30303	58-1364400	501(C)(3)	281,750.	0.			COMMUNITY BENEFIT
ATLFAMILYMEAL INC. 684 JOHN WESLEY DOBBS AVE., UNIT L ATLANTA, GA 30312	85-0530877	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
AUDITORY VERBAL CENTER, INC. 1901 CENTURY BLVD NE, SUITE 20 ATLANTA, GA 30345	58-1305600	501(C)(3)	33,978.	0.			COMMUNITY BENEFIT
BALD RIDGE LODGE 505 LAKELAND PLAZA #302 CUMMING, GA 30040	20-3690682	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
BEHAVIORAL HEALTH OF GEORGIA INC 175 GWINETT DRIVE LAWRENCEVILLE, GA 30046	45-0931531	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
BEN HILL UNITED METHODIST CHURCH 2099 FAIRBURN ROAD, SW ATLANTA, GA 30331-4812	58-0832914	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
BETHANY CHRISTIAN SERVICES 6645 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	38-1405282	501(C)(3)	10,000.	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.)

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BETHESDA COMMUNITY CLINIC INC. 111 MOUNTAIN BROOK DR, STE 100 CANTON, GA 30115	27-4923001	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
BIG BROTHERS BIG SISTERS OF METRO ATLANTA - 1382 PEACHTREE ST NE - ATLANTA, GA 30309	58-0861895	501(C)(3)	334,481.	0.			COMMUNITY BENEFIT
BLACK ALLIANCE FOR JUST IMMIGRATION - 5680 OAKBROOK PKWY, STE 145 - NORCROSS, GA 30093	27-1911378	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
BLACK CHILD DEVELOPMENT INSTITUTE -ATLANTA - PO BOX 2270 - DACULA, GA 30019	85-1175640	501(C)(3)	60,000.	0.			COMMUNITY BENEFIT
BLACK MAN LAB FOUNDATION 4153C FLAT SHOALS KARKWAY DECATUR, GA 30034	84-4788993	501(C)(3)	6,000.	0.			COMMUNITY BENEFIT
BLACK VOTERS MATTER FUND (10285168) - 3645 MARKETPLACE BLVD SUITE 130-209 - EAST POINT, GA 30344	81-3625061	501(C)(4)	7,500.	0.			COMMUNITY BENEFIT
BLACK YOUTH PROJECT 100 P.O. BOX 15254 CHICAGO, IL 60615	47-4435527	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
BLOOM OUR YOUTH, INC. 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501(C)(3)	11,720.	0.			COMMUNITY BENEFIT
BOBBY DODD INSTITUTE 2120 MARIETTA BLVD NW ATLANTA, GA 30318	58-1847107	501(C)(3)	25,000.	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
BOY SCOUTS ATLANTA COUNCIL 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	58-0566122	501(C)(3)	221,500.	0.			COMMUNITY BENEFIT
BOY SCOUTS NORTHEAST GEORGIA COUNCIL - P. O. BOX 399 - JEFFERSON, GA 30549	58-0566207	501(C)(3)	50,285.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA FLINT RIVER 1361 ZEBULON RD GRIFFIN, GA 30224	58-0574922	501(C)(3)	31,000.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET NE, SUITE 500 - ATLANTA, GA 30309	58-0566123	501(C)(3)	573,300.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUB OF NORTH CENTRAL GEORGIA - 101 FREEDOM WAY - JASPER, GA 30143	20-2957153	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUB OF NORTH GEORGIA 101 FREEDOM WAY JASPER, GA 30143	20-2957153	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
BREAD OF LIFE DEVELOPMENT MINISTRIES - PO BOX 1611 - CONYERS, GA 30012	20-8369872	501(C)(3)	30,775.	0.			COMMUNITY BENEFIT
BRIGHT FUTURES ATLANTA 64 EDWIN PLACE, NW ATLANTA, GA 30318	81-2603696	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT ROAD NE ATLANTA, GA 30305	58-1748786	501(C)(3)	72,885.	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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BUTTS COUNTY LIFE ENRICHMENT TEAM P.O. BOX 976 JACKSON, GA 30233	58-1854480	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
C4 ATLANTA INC. 132 MITCHELL STREET SW, 3A ATLANTA, GA 30303	27-2976816	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
CAMINAR LATINO INC. P.O. BOX 48623 DORAVILLE, GA 30084	83-0378198	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
CAPTAIN PLANET FOUNDATION INC. 133 LUCKIE STREET, 2ND FLOOR ATLANTA, GA 30308	58-1959421	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY, STE 205 DECATUR, GA 30033	56-2370081	501(C)(3)	114,812.	0.			COMMUNITY BENEFIT
CARRIE STEELE PITTS HOME, INC. 667 FAIRBURN RD. N.W. ATLANTA, GA 30331	58-0607078	501(C)(3)	187,500.	0.			COMMUNITY BENEFIT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ATLANTA INC. - 2401 LAKE PARK DR. SE - SMYRNA, GA 30080	58-1097003	501(C)(3)	121,029.	0.			COMMUNITY BENEFIT
CAYA MINISTRIES (COME AS YOU ARE) P.O. BOX 2133 DALLAS, GA 30132	20-0417864	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET SW, SUITE 309 ATLANTA, GA 30312	58-2212203	501(C)(3)	259,361.	0.			COMMUNITY BENEFIT

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**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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CENTER FOR CHILDREN & YOUNG ADULTS 2221 AUSTELL ROAD SW MARIETTA, GA 30008	58-1451180	501(C)(3)	67,960.	0.			COMMUNITY BENEFIT
CENTER FOR CIVIC INNOVATION 115 MLK DR. SW, M RICH BUILDING STE ATLANTA, GA 30303	26-4096600	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
CENTER FOR FAMILY RESOURCES/COBB 995 ROSWELL RD MARIETTA, GA 30060	58-0876634	501(C)(3)	36,000.	0.			COMMUNITY BENEFIT
CENTER FOR PAN ASIAN COMMUNITY SERVICES - 3510 SHALLOWFORD ROAD NE - ATLANTA, GA 30340	58-1437980	501(C)(3)	18,000.	0.			COMMUNITY BENEFIT
CENTER FOR THE VISUALLY IMPAIRED 739 W. PEACHTREE STREET NW ATLANTA, GA 30308	58-1168874	501(C)(3)	11,834.	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
CENTERING HEALTHCARE INSTITUTE 89 SOUTH STREET, STE 404 BOSTON, MA 02111	06-1622668	501(C)(3)	11,250.	0.			COMMUNITY BENEFIT
CENTRAL OUTREACH & ADVOCACY CENTER 201 WASHINGTON STREET SW ATLANTA, GA 30303	58-2255636	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
CHEROKEE CHILD ADVOCACY COUNCIL 9870 HWY 92 SUITE 200 WOODSTOCK, GA 30114	58-1936310	501(C)(3)	8,245.	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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CHEROKEE FAMILY VIOLENCE CENTER P.O. BOX 489 CANTON, GA 30114	58-1650925	501(C)(3)	170,761.	0.			COMMUNITY BENEFIT
CHILDREN'S MUSUEM OF ATLANTA INC 275 CENTENNIAL OLYMPIC PARK DRIVE ATLANTA, GA 30313	58-1785484	501(C)(3)	53,578.	0.			COMMUNITY BENEFIT
CHRIS 180 1017 FAYETTEVILLE RD, STE B ATLANTA, GA 30316	58-1430183	501(C)(3)	482,737.	0.			COMMUNITY BENEFIT
CHURCH OF THE ASCENSION 205 WEST CHEROKEE AVE CARTERSVILLE, GA 30120	58-1536146	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501(C)(3)	56,238.	0.			COMMUNITY BENEFIT
CLARKSTON COMMUNITY CENTER P.O. BOX 217 CLARKSTON, GA 30021	58-2127610	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CLARKSTON DEVELPOMENT FOUNDATION P.O.BOX 529 CLARKSTON, GA 30021	27-2014061	501(C)(3)	185,000.	0.			COMMUNITY BENEFIT
CLAYTON COUNTY LIBRARY SYSTEM 865 BATTLE CREEK ROAD JONESBORO, GA 30236	43-2091268	501(C)(3)	27,000.	0.			COMMUNITY BENEFIT
CLAYTON COUNTY PUBLIC SCHOOLS FOUNDATION - 1058 FIFTH AVENUE - JONESBORO, GA 30236	45-4281815	501(C)(3)	165,000.	0.			COMMUNITY BENEFIT

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CLAYTON COUNTY UGA EXTENSION SERVICES - 1262 GOVERNMENT CIRCLE, STE 40 - JONESBORO, GA 30236	58-6033837	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
CLOSER LOOK MINISTRIES INC. 1901 MCDONOUGH ROAD HAMPTON, GA 30228	42-1627579	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
COBB COMMUNITY FOUNDATION 1100 CIRCLE 75 PKWY, SUITE 1000 ATLANTA, GA 30339	20-5652970	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
COBB COUNTY SCHOOLS 514 GLOVER ST MARIETTA, GA 30060	58-2487501	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
COLLEGE ADVISING CORP 301 W. BARBEE CHAPEL ROAD SUITE 21 CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
COLLEGE AIM INC 825 VIRGINIA PARK CIRCLE NE ATLANTA, GA 30306	81-4120021	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF ATLANTA 600 W. PEACHTREE ST. SUITE 1250 ATLANTA, GA 30308	58-1152807	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF MARIETTA COBB COUNTY INC. - 328 ALEXANDER STREET SUITE 10 - MARIETTA, GA 30060	58-2627310	501(C)(3)	11,750.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF GEORGIA 260 PEACHTREE STREET SUITE 700 ATLANTA, GA 30303	58-1912923	501(C)(3)	299,370.	0.			COMMUNITY BENEFIT

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COMMUNITY ACTION FOR IMPROVEMENT P.O. BOX 1307 LAGRANGE, GA 30241	58-0978781	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
COMMUNITY ADVANCED PRACTICE NURSES INC. - 173 BOULEVARD NE - ATLANTA, GA 30312	58-2435328	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
COMMUNITY ASSISTANCE CENTER (FORMERLY COMMUNITY ACTION CENTER INC.) - 1130 HIGHTOWER TRAIL - SANDY SPRINGS, GA 30350	58-1825565	501(C)(3)	26,172.	0.			COMMUNITY BENEFIT
COMMUNITY ASST. RESOURCES & EMERGENCY - P.O. BOX 1342 - JASPER, GA 30143	20-1056579	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
COMMUNITY CAFE COLLABORATIVE 1134 N. 84TH STREET SEATTLE, WA 98103	81-4800922	501(C)(3)	5,500.	0.			COMMUNITY BENEFIT
COMMUNITY CONCERNS INC. 276 DECATUR STREET ATLANTA, GA 30312	58-1811114	501(C)(3)	38,991.	0.			COMMUNITY BENEFIT
COMMUNITY FARMERS MARKETS 1039 GRANT STREET, SUITE A-30 ATLANTA, GA 30315	27-5262520	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
COMMUNITY FOUNDATION FOR NE GA 6500 SUGARLOAF PKWY, STE 220 DULUTH, GA 30097	58-1557995	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
COMMUNITY FOUNDATION OF GREATER ATLANTA - 191 PEACHTREE STREET NE, STE 1000 - ATLANTA, GA 30303	58-1344646	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT

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**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
COMMUNITY FRIENDSHIP INC 85 RENAISSANCE PKWY NE ATLANTA, GA 30308	23-7128309	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
COMMUNITY GUILDS, INC. 501 DANCING FOX RD DECATUR, GA 30032	46-3220762	501(C)(3)	22,000.	0.			COMMUNITY BENEFIT
COMMUNITY MOVEMENTS BUILDERS INC. 3401 LANTERN VIEW LANE SCOTSDALE, GA 30079	47-4653915	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
COMMUNITY OUTREACH IN ACTION INC. P.O. BOX 351 JONESBORO, GA 30236	45-5578239	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
COMMUNITY TEEN COALITION 1003 VIRGINIA AVE, STE 212 ATLANTA, GA 30354	26-0593262	501(C)(3)	224,361.	0.			COMMUNITY BENEFIT
CONCRETE JUNGLE 124 ESTORIA STREET ATLANTA, GA 30316	90-0730229	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CONNECTING HENRY INC 66 VETERANS DRIVE MCDONOUGH, GA 30253	20-1249256	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
COOL GIRLS INC. 315 W PONCE DE LEON, STE 800 DECATUR, GA 30030	58-1958246	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
CORNERS OUTREACH 2 SUN COURT SUITE 220 PEACHTREE, GA 30092	45-5613973	501(C)(3)	78,000.	0.			COMMUNITY BENEFIT

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CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, STE 2300 NEW YORK, NY 10006	13-3600232	501(C)(3)	14,963.	0.			COMMUNITY BENEFIT
COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON ROAD NW ATLANTA, GA 30318	13-3523561	501(C)(3)	61,900.	0.			COMMUNITY BENEFIT
COWETA SAMARITAN CLINIC 137 JACKSON ST. NEWNAN, GA 30263	80-0518912	501(C)(3)	33,000.	0.			COMMUNITY BENEFIT
CREATE YOUR DREAMS 887 WEST MARIETTA ST NW, STUDIO T- ATLANTA, GA 30318	58-2133252	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CROSSROADS ATLANTA 420 COURTLAND STREET NE ATLANTA, GA 30308	58-2235391	501(C)(3)	76,000.	0.			COMMUNITY BENEFIT
CROSSROADS COMMUNITY MINISTRIES 420 COURTLAND STREET NE ATLANTA, GA 30308	58-2235391	501(C)(3)	162,000.	0.			COMMUNITY BENEFIT
CURE CHILDHOOD CANCER 1580 200 ASHFORD CTR N, STE 250 ATLANTA, GA 30338	58-1244138	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
DAVIS DIRECTION FOUNDATION 32 NORTH FAIRGROUND ST MARIETTA, GA 30060	47-1370495	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
DECATUR AREA EMERGENCY ASSISTANCE 515 E PONCE DE LEON AVE DECATUR, GA 30030	58-1549537	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT

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DECATUR COOPERATIVE MINISTRY INC. P.O. BOX 457 DECATUR, GA 30031	58-1082247	501(C)(3)	7,467.	0.			COMMUNITY BENEFIT
DEKALB COUNTY SCHOOL DISTRICT 5861 MEMORIAL DRIVE STONE MOUNTAIN, GA 30083		GOVERNMENT	112,517.	0.			COMMUNITY BENEFIT
DEKALB LIBRARY FOUNDATION 3560 KENSINGTON ROAD DEKALB, GA 30032	58-2404616	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
DIABETES ASSOCIATION OF ATLANTA, INC. - 75 MARIETTA ST NW, STE 304 - ATLANTA, GA 30303	58-0975055	501(C)(3)	78,028.	0.			COMMUNITY BENEFIT
DULUTH COOPERATIVE MINISTRY 3395 FOX ST NW, P.O. BOX 1974 DULUTH, GA 30096	58-2061640	501(C)(3)	21,500.	0.			COMMUNITY BENEFIT
E3 LEARNING INC P.O. BOX 80351 CONYERS, GA 30013	84-1783878	501(C)(3)	91,000.	0.			COMMUNITY BENEFIT
EAST ATLANTA KIDS CLUB INC. 602 BROWNWOOD AVE. SE ATLANTA, GA 30316	91-2130691	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
EAST LAKE FOUNDATION 2606 ALSTON DRIVE. SE. ATLANTA, GA 30317	58-2204306	501(C)(3)	175,000.	0.			COMMUNITY BENEFIT
EASTER SEALS OF NORTH GEORGIA 1485 WOODLAND AVE. SE ATLANTA, GA 30316	58-1919768	501(C)(3)	296,472.	0.			COMMUNITY BENEFIT

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EBENEZER BAPTIST CHURCH 101 JACKSON AVENUE ATLANTA, GA 30312	58-0836255	501(C)(3)	28,500.	0.			COMMUNITY BENEFIT
ELEVATE COWETA STUDENTS PO BOX 781 NEWNAN, GA 30264	58-2014744	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
EPISCOPAL DIOCESE OF ATLANTA 2744 PEACHTREE RD. NW ATLANTA, GA 30305	58-0572411	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ESSENTIAL2 LIFE INC. 311 HELEN COURT LAWRENCEVILLE, GA 30046	58-2168468	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
FAIR COUNT 464 BOULEVARD SE ATLANTA, GA 30312	58-2421574	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
FAMILIES FIRST, INC. 80 JOSEPH E. LOWERY BLVD. N.W. ATLANTA, GA 30314	58-1054331	501(C)(3)	284,348.	0.			COMMUNITY BENEFIT
FAMILY SUPPORT CIRCLE, INC. 109 SOUTH LEE STREET STOCKBRIDGE, GA 30281	23-3077910	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
FATHERS INCORPORATED 2394 MOUNT VERNON RD, 2ND FLOOR DUNWOODY, GA 30038	20-1893855	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
FATHERS, INC. 2394 MOUNT VERNON RD 2ND FLOOR DUNWOODY, GA 30038	20-1893855	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT

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FAYETTE CARE CLINIC 1260 HWY 54 W, SUITE 101 FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
FAYETTE COUNTY COUNCIL ON DOMESTIC VIOLENCE - P.O. BOX 854 - FAYETTEVILLE, GA 30214	58-1826445	501(C)(3)	21,720.	0.			COMMUNITY BENEFIT
FAYETTE SENIOR SERVICES INC. FOUR CENTER DRIVE FAYETTEVILLE, GA 30214	58-1364158	501(C)(3)	5,600.	0.			COMMUNITY BENEFIT
FERST READERS P.O. BOX 1327 MADISON, GA 30650	58-2489181	501(C)(3)	69,800.	0.			COMMUNITY BENEFIT
FOOD WELL ALLIANCE 970 JEFFERSON STREET NW ATLANTA, GA 30318	47-4363668	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
FOREVER FED MINISTRIES 1703 BROOKRIDGE COURT WOODSTOCK, GA 30189	27-3437899	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
FOUNDATION FOR PUBLIC BROADCASTING IN GEORGIA - 260 14TH ST NW - ATLANTA, GA 30318	58-1510475	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
FOUNDATION OF WESLEY WOODS 1817 CLIFTON RD NE ATLANTA, GA 30329	58-1543164	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
FRAZER CENTER 1815 S PONCE DE LEON AVE NE ATLANTA, GA 30307	58-1824440	501(C)(3)	11,050.	0.			COMMUNITY BENEFIT

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FRIENDS OF DISABLED ADULTS INC. 4900 LEWIS ROAD TUCKER, GA 30083	58-1709436	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
FRIENDS OF GWINNETT SENIORS P.O.BOX 1680 LAWRENCEVILLE, GA 30046	58-2479011	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
FRIENDS OF REFUGEES INC. P.O. BOX 548 CLARKSTON, GA 30021	20-1989492	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
FRONTLINE HOUSING INC. 245 N HIGHLAND AVENUE, STE 230-356 ATLANTA, GA 30307	84-4391959	501(C)(3)	315,000.	0.			COMMUNITY BENEFIT
FSG, INC. 179 LINCOLN STREET, 3 RD FLOOR BOSTON, MA 02111	20-2776974	501(C)(3)	12,650.	0.			COMMUNITY BENEFIT
FUGEES FAMILY INC 1933 E DUBLIN GRANVILLE RD, STE 117 COLUMBUS, OH 43229	20-5771149	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
FULTON EDUCATION FOUNDATION 2870 PEACHTREE RAOD NW #187 ATLANTA, GA 30505	58-1680963	501(C)(3)	300,000.	0.			COMMUNITY BENEFIT
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE.SW ATLANTA, GA 30310	58-1815194	501(C)(3)	193,271.	0.			COMMUNITY BENEFIT
FUTURE FOUNDATION 1892 WASHINGTON ROAD ATLANTA, GA 30344	58-2636418	501(C)(3)	129,944.	0.			COMMUNITY BENEFIT

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GA ASSOCIATION FOR THE EDU OF YOUTH CHILDREN - P. O. BOX 49361 - ATLANTA, GA 30359	23-7036993	501(C)(3)	7,000.	0.			COMMUNITY BENEFIT
GA MICRO ENTERPRISE NETWORK 504 FAIR STREET ATLANTA, GA 30313	80-0030897	501(C)(3)	400,000.	0.			COMMUNITY BENEFIT
GATE CITY DAY NURSERY ASSOCIATION 2080 CASCADE ROAD ATLANTA, GA 30311	58-0593408	501(C)(3)	20,744.	0.			COMMUNITY BENEFIT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303-3638	26-1193832	501(C)(3)	2,787,535.	0.			COMMUNITY BENEFIT
GEARS: GEORGIA EARLY EDUCATION 3400 PEACHTREE RD NE SUITE 1720 ATLANTA, GA 30326	46-4250104	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GEORGIA ADVANCING COMMUNITIES TOGETHER INC. - 250 GEORGIA AVENUE SE, STE 350 - ATLANTA, GA 30312	58-2661528	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
GEORGIA APPLESEED 1600 PARKWOOD CIR SE SUITE 200 ATLANTA, GA 30339	20-4036923	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
GEORGIA ASYLUM & IMMIGRATION NETWORK - 229 PEACHTREE ST NE, SUITE 925 - ATLANTA, GA 30303	26-1733523	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
GEORGIA CARES P.O. BOX 724197 ATLANTA, GA 31139		501(C)(3)	5,000.	0.			COMMUNITY BENEFIT

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GEORGIA CENTER FOR NONPROFITS 100 PEACHTREE ST. NW, STE 1500 ATLANTA, GA 30303	58-2554789	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA CHARITABLE CARE NETWORK P.O. BOX 133224 ATLANTA, GA 30333	80-0100336	501(C)(3)	137,500.	0.			COMMUNITY BENEFIT
GEORGIA CONSORTIUM P.O. BOX 18858 ATLANTA, GA 31126	58-2489746	501(C)(3)	5,637.	0.			COMMUNITY BENEFIT
GEORGIA EARLY EDUCATION ALLIANCE FOR READY STUDENTS - 3400 PEACHTREE RD. NE, SUITE 1720 - ATLANTA, GA 30326	46-4250104	501(C)(3)	555,754.	0.			COMMUNITY BENEFIT
GEORGIA FAMILY CONNECTION PARTNERSHIP, INC. - 235 PEACHTREE STREET, N.W., STE. #1600 - ATLANTA, GA 30303	58-1888262	501(C)(3)	2,039,500.	0.			COMMUNITY BENEFIT
GEORGIA FOUNDATION FOR PUBLIC EDUCATION - 205 JESSE HILL JR. DRIVE, STE 2062 E - ATLANTA, GA 30334	27-3426544	501(C)(3)	60,000.	0.			COMMUNITY BENEFIT
GEORGIA GWINNETT COLLEGE 1000 UNIVERSITY CTR LANE., BLDG B-2 LAWRENCE, GA 30043	20-5107997	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GEORGIA HIGHLANDS MEDICAL SERVICES P.O. BOX 307 CUMMING, GA 30028	58-1338038	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
GEORGIA HISPANIC CHAMBER OF COMMERC - 2801 BUFORD HIGHWAY, SUITE 500 - ATLANTA, GA 30329	03-0427706	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT

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GEORGIA HOPE INC. 1257-D COMMERCIAL DRIVE SW CONYERS, GA 30094	58-2514283	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
GEORGIA LEGAL SERVICES PROGRAM 104 MARIETTA STREET, NW,, SUITE 250 ATLANTA, GA 30303	58-1111590	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA ORGANICS 200-A OTTLEY DRIVE NE ATLANTA, GA 30324	58-2345310	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
GEORGIA PTA 114 BAKER STREET NE ATLANTA, GA 30308	58-2124703	501(C)(3)	8,125.	0.			COMMUNITY BENEFIT
GEORGIA STAND-UP 501 PULLIAM STREET, STE 100 ATLANTA, GA 30312	20-0984437	501(C)(3)	6,000.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY FOUNDATION - 1 PARK PLACE, SUITE 549 - ATLANTA, GA 30303	58-6033185	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY OFFICE OF SPONSORED PROJECTS AND AWARDS, P.O. BOX 3999 - ATLANTA, GA 30302-3	58-6002050	GOVERNMENT	109,010.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC. - P.O. BOX 5317 - ATLANTA, GA 31107	58-1845423	501(C)(3)	14,667.	0.			COMMUNITY BENEFIT
GEORGIA TECH RESEARCH CORPORATION P.O. BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	52,800.	0.			COMMUNITY BENEFIT

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GIGI'S HOUSE INC. 7147 JONESBORO RD., STE 870051 MORROW, GA 30287	81-3818377	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
GILGAL, INC. 553 MOBILE AVE SW ATLANTA, GA 30315	41-2176125	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN RD MABLETON, GA 30126	58-0566190	501(C)(3)	226,060.	0.			COMMUNITY BENEFIT
GIRLS INCORPORATED OF GREATER ATLANTA - 1100 PEACHTREE ST NE SUITE 200 - ATLANTA, GA 30309	58-1276804	501(C)(3)	48,600.	0.			COMMUNITY BENEFIT
GIVING KITCHEN INITIATIVE INC 513 EDGEWOOD AVENUE ATLANTA, GA 30312	46-2176788	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT
GOOD NEWS AT NOON INC. P.O. BOX 1577 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
GOOD NEWS CLINICS 810 PINE ST GAINESVILLE, GA 30501	58-2058853	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
GOOD SAMARITAN HEALTH CENTER 5949 BUFORD HWY NORCROSS, GA 30071	27-0080400	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT
GOOD SAMARITAN HEALTH CENTER OF COBB - 1605 ROBERTA DR - MARIETTA, GA 30008	32-0045238	501(C)(3)	33,556.	0.			COMMUNITY BENEFIT

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GOOD SAMARITAN HEALTH CENTER OF GWINNETT - 5949 BUFORD HWY - NORCROSS, GA 30071	27-0080400	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
GOODWILL INDUSTRIES OF NORTH GEORGIA - 2201 LAWRENCEVILLE HIGHWAY SUITE 300 - DECATUR, GA 30033	20-8351046	501(C)(3)	77,377.	0.			COMMUNITY BENEFIT
GOSHEN VALLEY FOUNDATION 387 GOSHEN CHURCH WAY WALESKA, GA 30183	58-2361483	501(C)(3)	11,000.	0.			COMMUNITY BENEFIT
GRADY HEALTH FOUNDATION 50 HURT PLAZA, SUITE 301 ATLANTA, GA 30303	58-2130437	501(C)(3)	315,000.	0.			COMMUNITY BENEFIT
GRADY HEALTH SYSTEMS 50 HURT PLAZA, SUITE 301 ATLANTA, GA 30303	58-2130437	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GRADY MEMORIAL HOSPITAL 50 HURT PLAZA, STE 301 ATLANTA, GA 30303	26-2037695	501(C)(3)	96,000.	0.			COMMUNITY BENEFIT
GREAT PROMISE PARTNERSHIP P.O. BOX 1647 DECATUR, GA 30030	45-4371255	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
GREATER PINEY GROVE COMMUNITY DEV. INC. - 1879 GLENWOOD AVE SE - ATLANTA, GA 30316	58-2193247	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
GREENING YOUTH FOUNDATION 50 HURT PLAZA SE, SUITE 980 ATLANTA, GA 30303	26-1211569	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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GROVE PARK FOUNDATION INC 1566 DONAD LEE HOLLOWELL PKWY NW, S ATLANTA, GA 30318	82-1913260	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
GWINNETT COALITION FOR HEALTH 750 S PERRY ST, STE 312 LAWRENCEVILLE, GA 30046	58-1925667	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION - 437 OLD PEACHTREE ROAD NW - SUWANEE, GA 30024-2978	16-1764597	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
GWINNETT HOUSING CORPORATION 502 GLENN EDGE DRIVE LAWRENCEVILLE, GA 30046	58-2338247	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
H.J. RUSSELL CENTER FOR INNOVATION 171 17TH ST NW, STE 1625 ATLANTA, GA 30363	81-0727619	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
HANDS OF HOPE CLINIC 1010 HOSPITAL DR, BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	33,000.	0.			COMMUNITY BENEFIT
HANDS ON ATLANTA 1554 600 MEANS STREET NW, SUITE 100 ATLANTA, GA 30318	58-1861026	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
HARVEST RAIN ACADEMY 51 SENOIA RD FAIRBURN, GA 30213	58-2489584	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HAVEN OF LIGHT INT'L, INC 863 FLAT SHOALS RD SE, C 244 CONYERS, GA 30094	46-2620244	501(C)(3)	16,575.	0.			COMMUNITY BENEFIT

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HEALTH EDUCATION ASSESSMENT & LEADERSHIP INC - 2600 MARTIN LUTHER KING JR DRIVE SW, SUITE 100 - ATLANTA, GA 30311	26-3990559	501(C)(3)	50,400.	0.			COMMUNITY BENEFIT
HEALTHY MOTHERS HEALTHY BABIES COALITION - 2300 HENDERSON MILL ROAD, STE 410 - ATLANTA, GA 30345	58-1440585	501(C)(3)	87,575.	0.			COMMUNITY BENEFIT
HEARTS TO NOURISH HOPE INC. 640 HWY 138 S.W. RIVERDALE, GA 30274	58-2164638	501(C)(3)	218,474.	0.			COMMUNITY BENEFIT
HELPING HANDS COMPUTERS OUTREACH PROGRAMS - 1733 LAKE ROCKAWAY RD - CONYERS, GA 30012	58-2618889	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
HELPING IN HIS NAME MINISTRIES 85 BELLAMY PLACE, SUITE A STOCKBRIDGE, GA 30281	58-1960667	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
HELPING MAMAS 4487 PARK DR, STE A1 NORCROSS, GA 30093	47-1381339	501(C)(3)	90,000.	0.			COMMUNITY BENEFIT
HI HOPE SERVICE CENTER 882 HI - HOPE ROAD LAWRENCEVILLE, GA 30043	58-1354523	501(C)(3)	19,000.	0.			COMMUNITY BENEFIT
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501(C)(3)	68,334.	0.			COMMUNITY BENEFIT
HISPANIC ALLIANCE GA 2490 HILTON DRIVE, STE A GAINESVILLE, GA 30501	81-4556909	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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HIV/AIDS EMPOWERMENT RESOURCE CENTER - 230 PEACHTREE ST NW, STE # 1800 - ATLANTA, GA 30303-1514	56-2587827	501(C)(3)	16,500.	0.			COMMUNITY BENEFIT
HOMES OF LIGHT LLC 1800 MEMORIAL DR, STE G3 ATLANTA, GA 30317	45-2653565	501(C)(3)	645,392.	0.			COMMUNITY BENEFIT
HOPE ATLANTA 34 PEACHTREE STREET NW, SUITE 700 ATLANTA, GA 30303	58-0566247	501(C)(3)	369,460.	0.			COMMUNITY BENEFIT
HOPE THROUGH DIVINE INTERVENTION, INC. - 1234 EAST BROAD STREET - COLUMBUS, GA 43205-1405	81-4859121	501(C)(3)	30,125.	0.			COMMUNITY BENEFIT
HOPE THRU SOAP 2650 PLESANTDALE RD., STE 15 ATLANTA, GA 30340	82-1679787	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
HORIZONS ATLANTA, INC. 177 NORTH AVE NW 3RD FLOOR STE 11 ATLANTA, GA 30332	37-1747624	501(C)(3)	70,000.	0.			COMMUNITY BENEFIT
HOSEA FEED THE HUNGRY PO BOX 4672 ATLANTA, GA 30302	58-1340903	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
HOSPITALITY EDUCATION FOUNDATION OF GA - 1579 MONROE DRIVE, STE 224 - ATLANTA, GA 30324	58-2340138	501(C)(3)	13,200.	0.			COMMUNITY BENEFIT
HOUSE OF CHERITH 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	82-5393648	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT

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HOUSE OF DAWN INC 298 SOUTH MAIN STREET JONESBORO, GA 30236	58-2534495	501(C)(3)	32,334.	0.			COMMUNITY BENEFIT
HOUSING INITIATIVE OF NORTH FULTON 89 GROVE WAY ROSWELL, GA 30075	58-2051038	501(C)(3)	3,111.	0.			COMMUNITY BENEFIT
HOUSING JUSTICE LEAGUE INC 1509 BROOKCLIFF CIRCLE MARIETTA, GA 30062	46-1271164	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
HOUSING PLUS INC 245 N HIGHLAND AVENUE ATLANTA, GA 30307-1936	83-1195687	501(C)(3)	1,708,050.	0.			COMMUNITY BENEFIT
HOUSING TONIGHT INC 3190 RIDGEWOOD ROAD NW ATLANTA, GA 30327	82-5009686	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
I CARE, INC. 735 SYCAMORE DR. DECATUR, GA 30030	58-2398925	501(C)(3)	3,323.	0.			COMMUNITY BENEFIT
INITIATIVE FOR AFFORDABLE HOUSING, 1434 SCOTT BOULEVARD, SUITE 200 DECATUR, GA 30030	58-1932474	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY - 4282 MEMORIAL DRIVE, SUITE B - DECATUR, GA 30032	20-1060068	501(C)(3)	71,375.	0.			COMMUNITY BENEFIT
INSPIRE INTERNATIONAL CDC., INC 2045 MOUNT ZION RD , #328 ATLANTA, GA 30260	45-5425749	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT

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INSPIRE INT'L CDC 2045 MT ZION ROAD, #328 MORROW, GA 30260	45-5425749	501(C)(3)	46,400.	0.			COMMUNITY BENEFIT
INSPIRITUS INC 230 PEACHTREE ST NW, SUITE 1100 ATLANTA, GA 30303	58-1535692	501(C)(3)	209,000.	0.			COMMUNITY BENEFIT
INTERNATIONAL COMMUNITY SCHOOL 2418 WOOD TRAIL LN DECATUR, GA 30033	72-1526226	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
INTERNATIONAL RESCUE COMMITTEE INC (IRC) - 2305 PARKLAKE DRIVE, SUITE 100 - ATLANTA, GA 30345	13-5660870	501(C)(3)	176,000.	0.			COMMUNITY BENEFIT
INTOWN COLLABORATIVE MINISTERIE 10216 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501(C)(3)	417,000.	0.			COMMUNITY BENEFIT
JERUSALEM HOUSE 17 EXECUTIVE PARK DR NE, SUITE 290 ATLANTA, GA 30329-2220	58-1829807	501(C)(3)	16,500.	0.			COMMUNITY BENEFIT
JEWISH FAMILY AND CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30338	58-1479212	501(C)(3)	445,999.	0.			COMMUNITY BENEFIT
JUMPSTART ATLANTA 308 CONGRESS STREET, 6TH FLOOR BOSTON, MA 02210	04-3262046	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
JUST PEOPLE INC. 6107 OAK BROOK PKWY NORCROSS, GA 30093	58-2207476	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT

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KIPP METRO ATLANTA 1445 MAYNARD ROAD NW ATLANTA, GA 30331	27-0564258	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
LA AMISTAD INC 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501(C)(3)	135,000.	0.			COMMUNITY BENEFIT
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	58-1237316	501(C)(3)	121,938.	0.			COMMUNITY BENEFIT
LATINO COMMUNITY FUND INC 508 PRINCETON WAY NE ATLANTA, GA 30307	82-0911954	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
LEADING TO MOVEMENT INC 665 BERNIE STREET SE ATLANTA, GA 30312	82-1427683	501(C)(3)	137,874.	0.			COMMUNITY BENEFIT
LEAP YEAR INC. 229 PEACHTREE STREET NE, STE 725 ATLANTA, GA 30303	81-1224809	501(C)(3)	10,500.	0.			COMMUNITY BENEFIT
LEARN4LIFE 191 PEACHTREE STREET NE, STE 1000 ATLANTA, GA 30303	58-1344646	501(C)(3)	79,333.	0.			COMMUNITY BENEFIT
LILBURN COOPERATIVE MINISTRY, INC. 5329 FIVE FORKS TRICKUM RD SW LILBURN, GA 30047	58-2173956	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
LINK COUNSELING CENTER INC 348 MOUNT VERNON HIGHWAY NE ATLANTA, GA 30328-4139	58-1109087	501(C)(3)	11,596.	0.			COMMUNITY BENEFIT

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LIVESAFE RESOURCES, INC. 48 HENDERSON ST. MARIETTA, GA 30064	58-0617782	501(C)(3)	51,852.	0.			COMMUNITY BENEFIT
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY, NE SANDY SPRINGS, GA 30328	20-0840930	501(C)(3)	57,500.	0.			COMMUNITY BENEFIT
LOVING ARMS CANCER OUTREACH, INC. 995 ROSWELL ST NE STE 100 MARIETTA, GA 30060	45-0753116	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
LUTHERAN CHURCH OF THE REDEEMER 731 PEACHTREE STREET NE ATLANTA, GA 30308	58-1077485	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
LUTHERAN SERVICES OF GEORGIA, INC. (INSPIRITUS) - 230 PEACHTREE STREET NW SUITE 1100 - ATLANTA, GA 30303	58-1535692	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
MAKING A WAY HOUSING 377 WESTCHESTER BLVD NW ATLANTA, GA 30314	16-1644159	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
MARIETTA SCHOOLS FOUNDATION - 144 POLK STREET NW MARIETTA, GA 30064	58-1524893	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501(C)(3)	397,500.	0.			COMMUNITY BENEFIT
MEALS BY GRACE 432 A CANTON RD CUMMING, GA 30040	46-2706835	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT

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MEALS ON WHEELS 100 EDGEWOOD AVE, SUITE 805 ATLANTA, GA 30309	58-0960309	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
MENDING THE GAP INC 52 GWINNETT DR, SUITE D LAWRENCEVILLE, GA 30043	80-0680633	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
MENTAL HEALTH SERVICES FOR HOMELESS - 1744 PAYNE AVE - CLEVELAND, OH 44114	34-1607734	501(C)(3)	10,842.	0.			COMMUNITY BENEFIT
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312	58-1448522	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
MERCY CARE SERVICES INC 424 DECATUR STREET SE ATLANTA, GA 30312	58-1752700	501(C)(3)	81,945.	0.			COMMUNITY BENEFIT
MERCY HOUSING SOUTHEAST 260 PEACHTREE ST, STE 1800 ATLANTA, GA 30303	56-1993872	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
METRO ATLANTA URBAN FARM 3271 MAIN STREET COLLEGE PARK, GA 30337	45-2500753	501(C)(3)	93,944.	0.			COMMUNITY BENEFIT
METROPOLITAN COUNSELING SERVICES 2801 BUFORD HIGHWAY NE, SUITE 470 ATLANTA, GA 30329	58-2236480	501(C)(3)	90,000.	0.			COMMUNITY BENEFIT
MIDTOWN ASSISTANCE CENTER, INC. 30 PORTER PLACE N.E. ATLANTA, GA 30308	58-1837117	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

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MIDWEST FOOD BANK - GEORGIA DIVISION - 220 PARCADE CT - PEACHTREE CITY, GA 30269	41-2120170	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
MILES FOR CYSTIC FIBROSIS P.O.BOX 2984 TUCKER, GA 30085	26-4020016	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
MLK SR. COMMUNITY RESOURCES COLLABORATIVE - 101 JACKSON ST NE - ATLANTA, GA 30312	46-4284316	501(C)(3)	13,991.	0.			COMMUNITY BENEFIT
MOSAIC GEORGIA INC. P.O. BOX 1329 DULUTH, GA 30096	58-1762829	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
MOTIVATION FORWARD INC. 370 AUBURN AVENUE, STE A ATLANTA, GA 30312	47-1522678	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
MULTI-AGENCY ALLIANCE FOR CHILDREN INC. - 225 PEACHTREE ST. NE, STE 900 - ATLANTA, GA 30303	58-2374925	501(C)(3)	24,000.	0.			COMMUNITY BENEFIT
MUST MINISTRIES P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501(C)(3)	250,049.	0.			COMMUNITY BENEFIT
NATIONAL CARES MENTORING MOVEMENT 5 PENN PLAZA 23RD FLOOR NEW YORK, NY 10001	32-0207585	501(C)(3)	42,000.	0.			COMMUNITY BENEFIT
NATIONAL CHURCH RESIDENCES FOUNDATION - 2335 NORTH BANK DR. - COLUMBUS, OH 43220	20-2308665	501(C)(3)	95,454.	0.			COMMUNITY BENEFIT

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NATIONAL EQUITY PROJECT 1720 BROADWAY, 4TH FLOOR OAKLAND, CA 94612	94-3222960	501(C)(3)	75,440.	0.			COMMUNITY BENEFIT
NEIGHBOR IN NEED INC. 2735 TUPLEO STREET SE ATLANTA, GA 30317	26-0413396	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE,, SUITE ATLANTA, GA 30345	30-0130066	501(C)(3)	56,400.	0.			COMMUNITY BENEFIT
NEW GEORGIA PROJECT 165 COURTAND STREET, A-231 ATLANTA, GA 30303	82-1348307	501(C)(3)	21,000.	0.			COMMUNITY BENEFIT
NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD. DECATUR, GA 30034	58-2616862	501(C)(3)	224,710.	0.			COMMUNITY BENEFIT
NEXT GENERATION FOCUS, INC. P.O. BOX 402 CUMMING, GA 30028	41-2264512	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
NICHOLAS HOUSE INC. 830 BOULEVARD SE ATLANTA, GA 30312	58-1762614	501(C)(3)	240,171.	0.			COMMUNITY BENEFIT
NOBIS WORKS INC. 1480 BELLS FERRY ROAD MARIETTA, GA 30066	58-1290439	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
NOONDAY BAPTIST ASSOCIATION INC. 1348 CANTON ROAD MARIETTA, GA 30066	58-1451845	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT

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NORCROSS COOPERATIVE MINISTRY P.O. BOX 1489 NORCROSS, GA 30091	58-1792414	501(C)(3)	212,500.	0.			COMMUNITY BENEFIT
NORTH FULTON CHILD DEVELOPMENT ASSOC. (DBA CHILDREN'S DEVELOPMENT ACADEMY) - 89 GROVE WAY - ROSWELL, GA 30075	58-1085443	501(C)(3)	7,000.	0.			COMMUNITY BENEFIT
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501(C)(3)	227,000.	0.			COMMUNITY BENEFIT
NORTH GEORGIA COMMUNITY ACTION AGENCY - PO BOX 760 - JASPER, GA 30143	58-1204839	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
NORTH GWINNETT CO-OP MINISTRY INC P.O. BOX 672 BUFORD, GA 30518	58-2176942	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
NSORO FOUNDATION 2500 CUMBERLAND PKWY, SUITE 100 ATLANTA, GA 30339	87-0758361	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
OAKHURST MEDICAL CENTERS, INC. 5582 MEMORIAL DR. STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
ODYSSEY FAMILY COUNSELING CENTER 1919 JOHN WESLEY AVE COLLEGE PARK, GA 30337	58-1295404	501(C)(3)	60,080.	0.			COMMUNITY BENEFIT
ODYSSEY INC 1424 W PACES FERRY RD NW ATLANTA, GA 30327	58-2537795	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT

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ONE ROOF ECUMENICAL ALLIANCE OUTREACH - P.O. BOX 916 - NEWNAN, GA 30264	26-0157086	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
OPEN DOORS 2782 WOODCOCK BLVD, STE 211 ATLANTA, GA 30341	83-0841949	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
OPEN DOORS, INC. 2782 WOODCOCK BLVD, STE 211 ATLANTA, GA 30341	83-0841949	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
OPEN HAND 181 ARMOUR DR. NE ATLANTA, GA 30324	58-1816778	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT
OPERATION FIRST RESPONSE INC. 20037 DOVE HILL RD CULPEPPER, VA 22701	20-1622436	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
OPERATION HOPE 191 PEACHTREE STREET, SUITE 4000 ATLANTA, GA 30303	95-4378084	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
OSBORNE HIGH SCHOOL 2451 FAVOR RD. MARIETTA, GA 30060	82-0542220	501(C)(3)	5,323.	0.			COMMUNITY BENEFIT
OUR HOUSE, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501(C)(3)	97,228.	0.			COMMUNITY BENEFIT
OVERCOMERS HOUSE INCORPORATED 2114 FOUNDATION SQUARE SNELLVILLE, GA 30078	35-2376065	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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PARTNERS FOR HOME 818 POLLARD BLVD ATLANTA, GA 30315	47-3476724	501(C)(3)	1,153,249.	0.			COMMUNITY BENEFIT
PARTNERS IN CHANGE 467 CHEROKEE AVE. SE ATLANTA, GA 30312	26-2204605	501(C)(3)	42,000.	0.			COMMUNITY BENEFIT
PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 170225 - ATLANTA, GA 30317	58-1314556	501(C)(3)	49,375.	0.			COMMUNITY BENEFIT
PER SCHOLAS INC 804 # 138TH ST., 2ND FLOOR BRONX, NY 10454	04-3252955	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
PHOENIX PASS, INC. PO BOX 1155 CONYERS, GA 30012	26-3786404	501(C)(3)	3,200.	0.			COMMUNITY BENEFIT
POSITIVE GROWTH INC. 4036 E. PONCE DE LEON AVENUE CLARKSTON, GA 30021	58-2299589	501(C)(3)	19,494.	0.			COMMUNITY BENEFIT
POSITIVE IMPACT HEALTH CENTERS INC 523 CHURCH STREET DECATUR, GA 30030	58-1973324	501(C)(3)	94,234.	0.			COMMUNITY BENEFIT
PREMIER ACADEMY 399 MACEDONIA ROAD, SE ATLANTA, GA 30354	58-1169016	501(C)(3)	98,879.	0.			COMMUNITY BENEFIT
PREVENTION PLUS INC 3707 MAIN ST. CLUB E COLLEGE PARK, GA 30337	58-1707609	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT

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PROJECT ADAM COMMUNITY ASSISTANCE CENTER - 112 LANTHIER STREET - WINDER, GA 30680	58-1466371	501(C)(3)	5,400.	0.			COMMUNITY BENEFIT
PROJECT COMMUNITY CONNECTIONS, INC. - 302 DECATUR ST, SE - ATLANTA, GA 30312	58-2373779	501(C)(3)	1,368,303.	0.			COMMUNITY BENEFIT
PROJECT OPEN HAND ATLANTA INC. (OPEN HAND ATLANTA) - 181 ARMOUR DRIVE NE - ATLANTA, GA 30324	58-1816778	501(C)(3)	19,000.	0.			COMMUNITY BENEFIT
PROJECT SOUTH: THE ELIMINATION OF GENOCIDE - 9 GAMMON AVE SW - ATLANTA, GA 30315	58-1956686	501(C)(3)	44,500.	0.			COMMUNITY BENEFIT
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY, SUITE 500 ATLANTA, GA 30324	58-2400285	501(C)(3)	1,750,400.	0.			COMMUNITY BENEFIT
QUEST COMMUNITY DEVELOPMENT ORGANIZATION - 878 ROCK STREET NW - ATLANTA, GA 30314	58-2634738	501(C)(3)	90,958.	0.			COMMUNITY BENEFIT
RAINBOW HOUSE 879 BATTLE CREEK ROAD JONESBORO, GA 30236	58-1836963	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
RAISING A READER 489 VALLEY WAY MILPITAS, CA 95035	94-3390149	501(C)(3)	49,134.	0.			COMMUNITY BENEFIT
RAISING EXPECTATIONS INC P.O. BOX 92814 ATLANTA, GA 30314	58-2395581	501(C)(3)	118,944.	0.			COMMUNITY BENEFIT

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**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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RAKSHA INC. P.O. BOX 12337 ATLANTA, GA 30355	58-2190065	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT
REAL LIFE CENTER 975 HWY 74 NORTH TYRONE, GA 30290	58-2410375	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
REAL SCHOOL GARDENS DBA OUT TEACH 1 THOMAS CIRCLE NW, SUITE 700 WASHINGTON, DC 20005	20-5946552	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
REDEFINED ATLANTA 830 GLENWOOD AVE SE ATLANTA, GA 30316	81-2554172	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
REFLECTIONS OF TRINITY INC. 4037 AUSTELL POWDER SPRING RD POWER SPRINGS, GA 30127	26-1871591	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
REFUGEE COFFEE 145 AUBURN AVENUE NE, STE A ATLANTA, GA 30303	47-1572898	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
REFUGEE WOMEN'S NETWORK 2900 CHAMBLEE TUCKER ROAD, BLDG # S ATLANTA, GA 30341	58-2369796	501(C)(3)	32,500.	0.			COMMUNITY BENEFIT
REIMAGINE ATL, INC. 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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RIVERLIFE, INC. P.O. BOX 2105 NEWNAN, GA 30264	47-3155937	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
ROCKDALE COALITION FOR CHILDREN & F 1430 STARCREST DR. CONYERS, GA 30012	58-2336561	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
ROCKDALE EMERGENCY RELIEF FUND 350 TALL OAKS DRIVE SE CONYERS, GA 30013	51-0195410	501(C)(3)	31,167.	0.			COMMUNITY BENEFIT
ROYAL ADULT DAY SERVICES INC. 6212 MEMORIAL DRIVE STONE MOUNTAIN, GA 30083	45-3254956	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
SAFEHOUSE OUTREACH 89 ELLIS STREET ATLANTA, GA 30303	58-2130936	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
SALVATION ARMY 469 MARIETTA ST. SW ATLANTA, GA 30313	58-0660607	501(C)(3)	74,013.	0.			COMMUNITY BENEFIT
SCIENCE ATL INC. 191 PEACHTREE STREET NE, SUITE 3400 ATLANTA, GA 30303	47-1652595	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SCOTTTDALE EARLY LEARNING INC 479 WARREN AVE SCOTTTDALE, GA 30079	58-1281657	501(C)(3)	810,500.	0.			COMMUNITY BENEFIT
SECOND HELPINGS ATLANTA INC. P.O. BOX 720582 ATLANTA, GA 30358	45-3631347	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

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SER FAMILIA, INC. P.O. BOX 146 ACWORTH, GA 30101	35-2166123	501(C)(3)	130,747.	0.			COMMUNITY BENEFIT
SERV INTERNATIONAL 3145 MARIETTA HIGHWAY CANTON, GA 30114	58-2578177	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SHARE HOUSE INC. P.O. BOX 723 DOUGLASVILLE, GA 30133	58-1911431	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
SHELTERING ARMS EARLY EDUCATION & FAMILY CENTER - 385 CENTENNIAL OLYMPIC PARK DRIVE NW - ATLANTA, GA 30313-1956	58-0566236	501(C)(3)	382,500.	0.			COMMUNITY BENEFIT
SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E MAYS DRIVE, SW ATLANTA, GA 30311	58-1122346	501(C)(3)	53,334.	0.			COMMUNITY BENEFIT
SINGLE PARENT ALLIANCE & RESOURCE CENTER, INC. - 100 CASTOR DRIVE, STE A - 3 - NORCROSS, GA 30071	58-2605168	501(C)(3)	715,400.	0.			COMMUNITY BENEFIT
SISU OF GEORGIA INC. 2360 MURPHY BLVD. GAINESVILLE, GA 30504	58-1622732	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
SOLDIERS ANGELS 2895 NE LOOP 410, STE 107 SAN ANTONIO, TX 78218	20-0583415	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SOUND LANDING, INC. 8160 ROYAL TRRON DR DULUTH, GA 30097-1643	27-3199928	501(C)(3)	301,658.	0.			COMMUNITY BENEFIT

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SOUTH DEKALB IMPROVEMENT ASSOCIATION - P.O. BOX 360150 - DECATUR, GA 30036	46-3503740	501(C)(3)	28,800.	0.			COMMUNITY BENEFIT
SOUTHEAST GWINNETT COOPERATIVE MINISTRY - 55 GRAYSON INDUSTRIAL PKWY - GRAYSON, GA 30017	58-1991483	501(C)(3)	41,500.	0.			COMMUNITY BENEFIT
SOUTHERN CRESCENT HABITAT FOR HUMANITY - 9570 TARA BLVD - JONESBORO, GA 30236	58-1761611	501(C)(3)	32,889.	0.			COMMUNITY BENEFIT
SOUTHERNERS ON NEW GROUND 561 W WHITEHALL STREET ATLANTA, GA 30310	61-1274170	501(C)(3)	38,400.	0.			COMMUNITY BENEFIT
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE. SW ATLANTA, GA 30315	58-1131002	501(C)(3)	275,000.	0.			COMMUNITY BENEFIT
SPARK REPRODUCTIVE JUSTICE NOW INC 1065 RALPH DAVID ABERNATHY BLVD, ST ATLANTA, GA 30310	58-1872316	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
SPECIAL NEEDS RESPITE INC. 2300 HOLCOMB BRIDGE RD., STE 103-21 ROSWELL, GA 30076	82-2500516	501(C)(3)	5,500.	0.			COMMUNITY BENEFIT
ST JUDE'S RECOVERY CENTER 139 RENAISSANCE PARKWAY N.E. ATLANTA, GA 30308	58-6045872	501(C)(3)	7,490.	0.			COMMUNITY BENEFIT
ST PHILLIP AME CHURCH 240 CANDLER ROAD ATLANTA, GA 30317	26-2821649	501(C)(3)	9,000.	0.			COMMUNITY BENEFIT

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ST VINCENT DE PAUL SOCIETY - ATL 2050 CHAMBLEE TUCKER ROAD, SUITE C ATLANTA, GA 30341	58-0967972	501(C)(3)	85,000.	0.			COMMUNITY BENEFIT
ST. JOSEPH'S MERCY CARE SERVICES 424 DECATUR STREET ATLANTA, GA 30312	58-1448522	501(C)(3)	56,000.	0.			COMMUNITY BENEFIT
ST. VINCENT DE PAUL SOCIETY 2050 CHAMBLEE TUCKER ROAD, SUITE C ATLANTA, GA 30341	58-0967972	501(C)(3)	152,500.	0.			COMMUNITY BENEFIT
STATE CHARTER SCHOOLS FOUNDATION OF GA - 508 TWIN TOWERS WEST, 205 JESSE HILL JR DRIVE - ATLANTA, GA 30334	47-4742575	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
STEP BY STEP RECOVERY 119 WILSON COURT LAWRENCEVILLE, GA 30046	20-2822343	501(C)(3)	33,515.	0.			COMMUNITY BENEFIT
STREET GRACE 5995 FINANCIAL DR, SUITE 180 NORCROSS, GA 30071	26-4335907	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
STUDY HALL 1010 CREW STREET ATLANTA, GA 30315	58-1830316	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SUSTAINABLE NORCROSS INC. 207 LONGVIEW DRIVE NORCROSS, GA 30071	26-4578044	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SWEETWATER MISSION 6289 VETERANS MEMORIAL HWY, BUILDIN AUSTELL, GA 30168	58-1992771	501(C)(3)	300,570.	0.			COMMUNITY BENEFIT

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TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD, STE 300 FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	26,000.	0.			COMMUNITY BENEFIT
TALLATOONA COMMUNITY ACTION PARTNERSHIP - 6287 FAIRBURN ROAD - DOUGLASVILLE, GA 30134	58-1020714	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
TAPESTRI INC. PMB 362 3939 LAVISTA RD., SUITE E TUCKER, GA 30084	04-3678798	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
TEACH O REA PREPARATORY PRESCHOOL 791 RAYS ROAD STONE MOUNTAIN, GA 30083	20-8507403	501(C)(3)	64,160.	0.			COMMUNITY BENEFIT
TECHNICAL COLLEGE SYSTEM OF GEORGIA FOUNDATION - 1800 CENTURY PLACE NE, SUITE 275 - ATLANTA, GA 30345	58-1813104	501(C)(3)	50,150.	0.			COMMUNITY BENEFIT
THE ATLANTA REGIONAL COMMISSION 229 PEACHTREE ST. NE, SUITE 100 ATLANTA, GA 30303	58-6002324	501(C)(3)	95,000.	0.			COMMUNITY BENEFIT
THE BOYCE L. ANSLEY SCHOOL 120 RALPH MCGILL BLVD, BLDG 3 STE B ATLANTA, GA 30308	82-3440705	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
THE CENTER FOR FAMILY RESOURCES 995 ROSWELL STREET N.E., MANSOUR C.T BLDG. C, STE. 100 - MARIETTA, GA 30060	58-0876634	501(C)(3)	173,334.	0.			COMMUNITY BENEFIT
THE CENTER FOR PAN ASIAN COMMUNITY 3510 SHALLOWFORD RD NE ATLANTA, GA 30341	58-1437980	501(C)(3)	176,500.	0.			COMMUNITY BENEFIT

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THE DRAKE HOUSE 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501(C)(3)	14,334.	0.			COMMUNITY BENEFIT
THE EDGE CONNECTION 3070 N MAIN ST KENNESAW, GA 30144	58-2634871	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
THE ELAINE CLARK CENTER FOR EXCEPTIONAL CHILDREN (THE ELAINE CLARK CENTER) - 5130 PEACHTREE INDUSTRIAL BLVD - CHAMBLEE, GA	58-1079411	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
THE EXTENSION INC 1507 CHURCH ST EXTENSION MARIETTA, GA 30061	58-1915156	501(C)(3)	2,800.	0.			COMMUNITY BENEFIT
THE FRAZER CENTER 1815 PONCE DE LEON AVENUE NE ATLANTA, GA 30307	58-1824440	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
THE GA FOUNDATION FOR EARLY CARE AND LEARNING - 2 MARTIN LUTHER KING JR. DRIVE, STE 754 EAST TOWER - ATLANTA, GA 30334	82-1606831	501(C)(3)	250,000.	0.			COMMUNITY BENEFIT
THE GLOBAL VILLAGE PROJECT INC PO BOX 1548 DECATUR, GA 30031	26-4152199	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
THE GOOD SAMARITAN HEALTH CENTER INC. - 1015 DONALD LEE HOLLOWELL PKWY - ATLANTA, GA 30318	58-2373395	501(C)(3)	6,489.	0.			COMMUNITY BENEFIT
THE GREENLIGHT FUND 200 CLARENDON STREET, 44 TH FLOOR BOSTON, MA 02116	20-0407083	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

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THE LINK COUNSELING CENTER INC 348 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-1109087	501(C)(3)	40,500.	0.			COMMUNITY BENEFIT
THE LOVETT SCHOOL 4075 PACES FERRY ROAD, NW ATLANTA, GA 30327	58-0619308	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
THE MARTIN LUTHER KING JR CENTER 449 AUBURN AVE NE ATLANTA, GA 30312	58-1030989	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
THE NETT CHURCH 675 PLEASANT HILL ROAD LILBURN, GA 30047		501(C)(3)	99,269.	0.			COMMUNITY BENEFIT
THE ORANGE DUFFEL BAG INITIATIVE 1801 PEACHTREE STREET NE SUITE 300 ATLANTA, GA 30309	27-1845671	501(C)(3)	11,000.	0.			COMMUNITY BENEFIT
THE PARTNERSHIP FOR SOUTHERN EQUITY - 260 PEACHTREE STREET - ATLANTA, GA 30303	27-4424115	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
THE PATH PROJECT 555 NELLIE LANE LOGANVILLE, GA 30052	45-3861248	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
THE PLACE OF FORSYTH COUNTY, INC. PO BOX 2607 CUMMING, GA 30028	58-2355072	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
THE POSSE FOUNDATION, INC 14 WALL ST, STE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT

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THE SALVATION ARMY 469 MARIETTA ST. SW ATLANTA, GA 30313	58-0660607	501(C)(3)	430,459.	0.			COMMUNITY BENEFIT
THE SALVATION ARMY GAINESVILLE 681 DORSEY STREET GAINESVILLE, GA 30501'	58-0660607	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
THE SALVATION ARMY OF GWINNETT COUNTY - 3455 SUGARLOAF PKWY - LAWRENCEVILLE, GA 30044	58-0660607	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
THE SCHOLARSHIP ACADEMY 215 LAKEWOOD WAY, STE 108 ATLANTA, GA 30315	20-3721836	501(C)(3)	62,534.	0.			COMMUNITY BENEFIT
THE SHELTERING ARMS 385 CENTENNIAL OLYMPIC PARK DRIVE N ATLANTA, GA 30313-1956	58-0566236	501(C)(3)	262,000.	0.			COMMUNITY BENEFIT
THE SHOWCASE GROUP INC 931 MONROE DRIVE NE, STE A102-299 ATLANTA, GA 30308	45-1578456	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
THERE IS ANOTHER OPTION INC 2090 BOX BEAVER RUIN RD., STE 400 NORCROSS, GA 30071	46-1425283	501(C)(3)	5,370.	0.			COMMUNITY BENEFIT
TRAVELERS AID OF METROPOLITAN ATLANTA - 34 PEACHTREE ST., SUITE 700 - ATLANTA, GA 30303	58-0566247	501(C)(3)	404,500.	0.			COMMUNITY BENEFIT
TREASURE HOUSE INC. 1755 THE EXCHANGE, STE 265 ATLANTA, GA 30339	84-2825669	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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TRI-CITIES ARTS ALLIANCE INC. 1876 PRINCETON AVE, STE 101 ATLANTA, GA 30337	81-3973326	501(C)(3)	5,000.	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)	10,000.	0.			COMMUNITY BENEFIT
UGA RESEARCH FOUNDATION, INC. 617 BOYD GRADUATE STUDIES ATHENS, GA 30602	58-1353149	501(C)(3)	85,000.	0.			COMMUNITY BENEFIT
UNITED WAY WORLDWIDE 701 N. FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30303	58-0593386	501(C)(3)	268,361.	0.			COMMUNITY BENEFIT
URBAN RECIPE INC. 645 GRANT STREET SE ATLANTA, GA 30312	27-0000606	501(C)(3)	51,972.	0.			COMMUNITY BENEFIT
USHER'S NEW LOOK 500 BISHOP STREET NW, SUITE B5 ATLANTA, GA 30318	58-2480934	501(C)(3)	77,500.	0.			COMMUNITY BENEFIT
USO COUNCIL OF GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)	7,359.	0.			COMMUNITY BENEFIT

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VETERANS EMPOWERMENT ORGANIZATION OF GA, INC. - 373 W LAKE AVE NW - ATLANTA, GA 30318	80-0219022	501(C)(3)	473,501.	0.			COMMUNITY BENEFIT
VILLAGES AT CARVER YMCA 1600 PRYOR RD ATLANTA, GA 30315	58-0593442	501(C)(3)	21,000.	0.			COMMUNITY BENEFIT
VISION TUTORING EDUCATIONAL FOUNDATION INC - P.O. BOX 43702 - ATLANTA, GA 30336	90-0635017	501(C)(3)	27,773.	0.			COMMUNITY BENEFIT
VISION WARRIORS 5665 ATLANTA HWY ALPHARETTA, GA 30004	82-2741979	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
VISITING NURSE HEALTH SYSTEM OF GEORGIA - 5775 GLENRIDGE DR, STE E200 - ATLANTA, GA 30328	58-0566250	501(C)(3)	134,971.	0.			COMMUNITY BENEFIT
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST NW, STE 401 ATLANTA, GA 30303	02-0678823	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
WE ARE LIVING PROOF P.O. BOX 2052 DULUTH, GA 30096	82-1455284	501(C)(3)	6,240.	0.			COMMUNITY BENEFIT
WELLSPRING LIVING 1040 BOULEVARD SE, SUITE M ATLANTA, GA 30312	58-2614182	501(C)(3)	213,667.	0.			COMMUNITY BENEFIT
WEST ATLANTA WATERSHED ALLIANCE P.O. BOX 10883 ATLANTA, GA 30310	20-0890449	501(C)(3)	7,286.	0.			COMMUNITY BENEFIT

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WEST GEORGIA TECHNICAL COLLEGE 176 MURPHY CAMPUS BLVD WACO, GA 30182	58-1816825	501(C)(3)	41,920.	0.			COMMUNITY BENEFIT
WESTSIDE FUTURE FUND 1300 JOSEPH E BOONEE BLVD., #16 ATLANTA, GA 30314	47-3015082	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
WHITEFOORD COMMUNITY PROGRAM 1353 GEORGE W. BRUMLEY WAY SE ATLANTA, GA 30317	58-2180056	501(C)(3)	267,375.	0.			COMMUNITY BENEFIT
WHOLESOME WAVE GEORGIA 777 CLEVELAND AVE SW, SUITE 400 ATLANTA, GA 30315	45-4816906	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
WISDOM TO BELEIVE 1911 GRAYSON HWY., STE 8-145 GRAYSON, GA 30017	46-2549732	501(C)(3)	7,499.	0.			COMMUNITY BENEFIT
WOMEN WATCH AFRIKA INC. 3700 MARKET STREET, BLDG E. SUITE 2 CLARKSTON, GA 30021	58-2581246	501(C)(3)	6,000.	0.			COMMUNITY BENEFIT
YELLS, INC. (YOUTH EMPOWERMENT THROUGH LEARNING) - 1156 PIEDMONT AVENUE SUITE B6 - ATLANTA, GA 30309	27-0900525	501(C)(3)	34,430.	0.			COMMUNITY BENEFIT
YMCA OF METROPOLITAN ATLANTA 101 MARIETTA STREET NW, #1100 ATLANTA, GA 30303	58-0593442	501(C)(3)	1,162,980.	0.			COMMUNITY BENEFIT
YOUNG AUTHORS PUBLISHING 807 ATLANTA STUDENT MOVEMENT, BLVD. ATLANTA, GA 30314	83-4242262	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
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
YOUTH EMPOWERMENT SUCCESS SERVICES 1635 PHOENIX BLVD, STE 9 COLLEGE PARK, GA 30349	81-0689148	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
YOUTH EMPOWERMENT THROUGH LEARNING, LEADING AND SERVING - 1156 PIEDMONT AVE, #B6 - ATLANTA, GA 30309	27-0900525	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
YOUTHSPARK INC 395 PRYOR STREET SW SUITE 1025 ATLANTA, GA 30312	58-2556130	501(C)(3)	9,515.	0.			COMMUNITY BENEFIT
YWCA OF GREATER ATLANTA 957 NORTH HIGHLAND AVE ATLANTA, GA 30306	58-0593442	501(C)(3)	11,000.	0.			COMMUNITY BENEFIT
ZABAN PARADISE CENTER 1605 PEACHTREE STREET NE, FLOOR 2 ATLANTA, GA 30309	27-0728201	501(C)(3)	26,000.	0.			COMMUNITY BENEFIT
ZION HILL COMMUNITY DEVELOPMENT 2741 BAYARD STREET EAST POINT, GA 30344	81-0590367	501(C)(3)	126,803.	0.			COMMUNITY BENEFIT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	0.	9,448,289.	FMV	TOYS	TO PROVIDE CHRISTMAS GIFTS TO LESS FORTUNATE CHILDREN

**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



**Part IV** Supplemental Information

BY GRANTEEES AND SHARES THAT ANALYSIS WITH VOLUNTEERS WHO ASSESS PROGRESS ON  
 THE UNITED WAY GOALS. AGENCIES ALSO UNDERGO AN AGENCY FINANCIAL REVIEW  
 WHICH ALLOWS UNITED WAY TO ASSESS THE ORGANIZATION'S FISCAL STABILITY.  
 UNITED WAY VOLUNTEERS WITH EXPERIENCE IN FINANCIAL STATEMENT ANALYSIS  
 (CPAS, AUDITORS) CONDUCT REVIEWS ON THE AGENCIES' FINANCIAL STATEMENTS AND  
 SUPPORTING DOCUMENTATION TO EVALUATE LIQUIDITY, DEPENDENCE ON DEBT AND  
 OVERALL FINANCIAL HEALTH. FOR SHORT-TERM GRANTS AND GOVERNMENT GRANTS  
 ADMINISTERED BY UNITED WAY THERE IS A SIMILAR PROCESS OF REPORTING,  
 ALTHOUGH THE FREQUENCY MAY VARY.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <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 .....
- 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? .....

**3** Indicate which, if any, of the following the 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"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	409,918.	20,000.	51,116.	46,848.	18,605.	546,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	(i)	173,129.	0.	17,654.	87,648.	31,705.	310,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM PAKENHAM CHIEF OPERATING OFFICER	(i)	329,988.	0.	18,266.	10,658.	467.	359,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLAIRE BURKE CONTROLLER	(i)	121,508.	0.	12,592.	40,364.	33,655.	208,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	187,903.	0.	29,811.	7,676.	202.	225,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH HSI CIO	(i)	162,887.	0.	22,789.	11,526.	28,468.	225,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEITH BARSUHN CHIEF DEVELOPMENT OFFICER	(i)	119,789.	0.	73,386.	32,074.	15,971.	241,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i)	132,573.	0.	9,746.	27,079.	28,793.	198,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ETHA HENRY EXECUTIVE VP OF COMMUNITY ENGAGEMENT	(i)	107,882.	0.	22,148.	96,323.	3,987.	230,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMY MAST VP, LEARNING AND DEVELOPMENT	(i)	154,999.	0.	7,176.	6,355.	9,461.	177,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	(i)	110,038.	0.	30,314.	49,943.	28,702.	218,997.	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 4A:

KEITH BARSUHN RECEIVED \$64,074 IN SEVERANCE PAYMENTS DURING THE CALENDAR YEAR.

PART I, LINE 7:

A 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](http://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**

<b>Part I Bond Issues</b>											
(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>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....	4,398,400.									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	5,810,000.									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	110,000.									
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....	5,700,000.									
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	1999									
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

<b>Part III Private Business Use</b>								
	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							
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						

<b>Part IV Arbitrage</b>								
	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							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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 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		1,102,000.	FAIR MARKET VALUE
5 Clothing and household goods	X		562,687.	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	3,999	150,469.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( TOYS )	X	839,102	9,448,289.	FAIR MARKET VALUE
26 Other ▶ ( PERSONAL CARE )	X	4,559	5,319,093.	FAIR MARKET VALUE
27 Other ▶ ( UBER TRIPS )	X	6,000	150,000.	FAIR MARKET VALUE
28 Other ▶ ( OFFICE SUPPLI )	X	148	67,404.	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? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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) 2019



**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:**

STUFFED ANIMALS- TEDDY BEARS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 4200

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50400.

(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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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.

**CHANGE IN REPORTING FOR CERTAIN EXPENSES:**

FOR FYE 6/30/2020, UWGA HAS REPORTED AGENCY PAYMENTS, DONOR-DESIGNATED  
PAYMENTS, AND TOYS FOR TOTS PROGRAM EXPENSES AS GRANTS TO ORGANIZATIONS  
RATHER THAN OTHER EXPENSES. THE NUMBERS IN PART I, PRIOR YEAR EXPENSES  
HAVE BEEN RESTATED IN ACCORDANCE WITH THIS NEW APPROACH. UWGA MADE THIS  
CHANGE IN REPORTING FOR THESE EXPENSES TO ENHANCE COMPARABILITY WITH  
THE WAY OTHER UNITED WAY ORGANIZATIONS ARE PRESENTING SIMILAR EXPENSES  
ON THEIR FORMS 990.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

IN CONJUNCTION WITH THE COMMUNITY FOUNDATION OF GREATER ATLANTA, THE  
GREATER ATLANTA COVID-19 RESPONSE AND RECOVERY FUND WAS LAUNCHED IN  
2020 TO PROVIDE IMMEDIATE SUPPORT TO THOSE MOST VULNERABLE TO THE  
ECONOMIC AND HEALTH-RELATED ISSUES CAUSED BY THE NOVEL CORONAVIRUS  
PANDEMIC.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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 ALMOST 600,000 CONTACTS THROUGH TELEPHONE, TEXT, LIVE CHATS, EMAIL, MOBILE APP, POSTAL AND WEB SEARCHES, 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 THAT HELP US MOVE THE NEEDLE EVIDENCE BASED STRATEGIES, INNOVATIVE PROGRAMS, POLICIES, VOLUNTEERISM, AMONG OTHERS.

IN FY 2020, UNITED WAY LAUNCHED THE GREATER ATLANTA COVID-19 RESPONSE AND RECOVERY FUND, A JOINT EFFORT WITH COMMUNITY FOUNDATION FOR GREATER ATLANTA, TO RESPOND TO THE URGENT COMMUNITY NEEDS AROUND COVID-19. OPEN GRANT APPLICATIONS AS WELL AS ONLINE QUANTITATIVE DATA FACILITATION TOOLS WERE USED TO IDENTIFY THE AREAS OF GREATEST NEED AND THE MOST VULNERABLE POPULATIONS TO DETERMINE WHERE TO DELIVER PHILANTHROPIC FUNDS. IN FY 2020, \$20.071M WAS RAISED AND \$18.331M WAS SPENT ON THESE RELIEF EFFORTS.

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

UNITED WAY PROVIDES SUPPORT AND SERVICES TO COMMUNITY GROUPS AND PUBLIC AGENCIES IN ATLANTA THROUGH THE USE OF THE LOUDERMILK CONFERENCE

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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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 \$ 5,751,235. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,622,874.

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 ARE MADE TO DETERMINE APPROPRIATE EXTERNAL COMPARISONS BASED ON DUTIES,

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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 -656,656.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	2,787,535.	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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

