

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER ATLANTA, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 COURTLAND STREET City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303 F Name and address of principal officer: KRISTEN MCCOLLUM SAME AS C ABOVE	D Employer identification number 58-0566194 E Telephone number 404-527-7200 G Gross receipts \$ 139,788,243. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYATLANTA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: GA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	48
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	211
	6	Total number of volunteers (estimate if necessary)	6	3000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	230,516.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	119,342,396.	124,172,021.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,984,558.	3,360,912.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,805,997.	1,560,164.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-142,977.	21,319.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,989,974.	129,114,416.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,640,973.	88,577,520.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,986,439.	19,027,525.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,088,463.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,475,439.	13,320,934.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,102,851.	120,925,979.
	19	Revenue less expenses. Subtract line 18 from line 12	3,887,123.	8,188,437.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	107,175,285.	111,775,589.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,524,513.	24,798,574.
	22	Net assets or fund balances. Subtract line 21 from line 20	72,650,772.	86,977,015.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE SUSTAINABLE IMPROVEMENTS IN THE WELL-BEING OF CHILDREN, FAMILIES AND INDIVIDUALS IN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [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 \$ 4,805,262. including grants of \$ 4,805,262.) (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 \$ 13,310,060. including grants of \$ 7,663,881.) (Revenue \$ 132,794.) 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 \$ 86,279,727. including grants of \$ 76,108,377.) (Revenue \$ 1,748,449.) 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 \$ 3,434,393. including grants of \$) (Revenue \$ 1,249,153.)

4e Total program service expenses 107,829,442.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 66	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		211
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 48		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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) MILTON LITTLE, JR. CHIEF EXECUTIVE OFFICER	40.00			X			469,193.	0.	64,476.	
(2) TIM PAKENHAM CHIEF OPERATING OFFICER	40.00			X			358,151.	0.	14,844.	
(3) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	40.00			X			200,360.	0.	89,758.	
(4) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	40.00				X		213,562.	0.	30,260.	
(5) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00				X		161,710.	0.	79,411.	
(6) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00				X		216,231.	0.	8,214.	
(7) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	40.00					X	141,442.	0.	66,887.	
(8) CLAIRE BURKE CONTROLLER	40.00			X			138,374.	0.	57,220.	
(9) NATALIE EVANS VICE PRESIDENT, ANALYTICS AND INSIGH	40.00					X	131,559.	0.	55,556.	
(10) LAUREN BROOKS VICE PRESIDENT, WORKFORCE CAMPAIGN	40.00					X	133,354.	0.	38,722.	
(11) JEFFERY ESOLA VP, CORPORATE RELATIONS	40.00					X	144,843.	0.	19,619.	
(12) AMY MAST VP, LEARNING & DEVELOPMENT	40.00					X	127,451.	0.	10,353.	
(13) KEVIN KELLY BOARD CHAIR	0.50	X		X			0.	0.	0.	
(14) MATTHEW GROSVENOR AUDIT CHAIR	0.50	X					0.	0.	0.	
(15) MEGHAN MAGRUDER COMMUNITY ENGAGEMENT CHAIR	0.50	X					0.	0.	0.	
(16) TRACY TECHAU AGENCY LIAISON	0.50	X					0.	0.	0.	
(17) JAMES WILLIAMS LABOR LIAISON	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) CHRIS SIZEMORE PUBLIC POLICY CHAIR	0.50	X						0.	0.	0.
(19) CHRIS PECK TOCQUEVILLE SOCIETY CHAIR	0.50	X						0.	0.	0.
(20) STEPHEN R. SCHERGER IMMED PAST PRESIDENT/GOVERNANCE CHAI	0.50	X						0.	0.	0.
(21) KATINA ASBELL AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(22) MARY BENTON AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(23) KAMAU BOBB AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(24) RAPHAEL BOSTIC AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(25) ERIK BRYANT AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(26) PETER CARTER AT LARGE DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								2,436,230.	0.	535,320.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,436,230.	0.	535,320.

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 **27**

	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	538,768.
AT&T 208 S. AKARD ST., DALLAS, TX 75202	TELECOMMUNICATIONS	246,843.
GA STATE UNIVERSITY RESEARCH FOUNDATION, SPARKS HALL 33 GILMER STREET ST 200,	CONSULTING	205,000.
CHERRY BEKAERT LLP, 200 SOUTH 10TH STREET, STE 900, RICHMOND, VA 23219	ACCOUNTING	170,570.
ENDURANCE PROJECT MANAGEMENT 1400 MARKAN DR NE APT 15, ATLANTA, GA 30306	CONSULTING	154,163.

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 **8**

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) STACEY CHAVIS AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(28) WILLIAM "BILL" CHEEKS AT LARGE DIRECTOR (COBB)	0.50	X						0.	0.	0.
(29) AMY CORN AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(30) DAVID "KEITH" EVERETT AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(31) S. ELIZABETH FORD AT LARGE DIRECTOR (DEKALB)	0.50	X						0.	0.	0.
(32) JONATHAN FOWLER AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(33) STEPHANIE GLOSTER AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(34) DEREK GOSHAY AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(35) ALOK GUPTA AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(36) JOSEPH HEATHERLY AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(37) WENDY HENSEL AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(38) KARAN ISHWAR AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(39) JAMES "TREY" KEISLER AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(40) ROBERT "HUNTER" KIRKMAN AT LARGE DIRECTOR (GWINNETT)	0.50	X						0.	0.	0.
(41) JAMIE KLINNERT AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(42) KATE KOPLAN, MD AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(43) JAMES "JIMMY" LOVE AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(44) ANGEL MALDONADO AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(45) MAURICE MAXIE AT LARGE DIRECTOR	0.50	X						0.	0.	0.
(46) FELICIA MCDADE AT LARGE DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	34,032,212.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	90,139,809.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,948,703.			
	h	Total. Add lines 1a-1f		124,172,021.			
Program Service Revenue	2 a	BUILDING INCOME	532000	1,479,669.	1,249,153.	230,516.	
	b	PROCESSING & FUNDRAISING FEES	900099	697,342.	697,342.		
	c	ALL OTHER NON-CAMPAIGN FEES	900099	156,821.	156,821.		
	d	211 PROGRAM FEES	900099	132,794.	132,794.		
	e						
	f	All other program service revenue	900099	894,286.	894,286.		
	g	Total. Add lines 2a-2f		3,360,912.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		371,991.		371,991.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	11,862,000.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	10,653,509.	20,318.			
7 c	Gain or (loss)	1,208,491.	-20,318.				
d	Net gain or (loss)		1,188,173.		1,188,173.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	VOIDED CHECKS	900099	21,319.		21,319.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		21,319.			
12	Total revenue. See instructions		129,114,416.	3,130,396.	230,516.	1,581,483.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	62,609,773.	62,609,773.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,319,351.	25,319,351.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	648,396.	648,396.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,101,762.	241,121.	1,392,375.	468,266.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,998,370.	7,356,284.	1,717,498.	3,924,588.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,302,233.	677,383.	151,368.	473,482.
9 Other employee benefits	1,654,545.	870,268.	269,586.	514,691.
10 Payroll taxes	970,615.	465,138.	196,634.	308,843.
11 Fees for services (nonemployees):				
a Management				
b Legal	41,001.	29,377.	9,510.	2,114.
c Accounting	176,316.	132,095.	36,180.	8,041.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,472.		66,472.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,209,105.	3,868,089.	269,061.	71,955.
12 Advertising and promotion	481,021.	193,054.		287,967.
13 Office expenses	2,874,074.	1,072,482.	105,632.	1,695,960.
14 Information technology				
15 Royalties				
16 Occupancy	2,539,626.	2,104,507.	171,891.	263,228.
17 Travel	200,492.	199,047.	41.	1,404.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	98,212.	66,012.	15,641.	16,559.
20 Interest	26,716.	26,716.		
21 Payments to affiliates	525,027.	210,011.	315,016.	
22 Depreciation, depletion, and amortization	1,377,196.	1,181,791.	195,405.	
23 Insurance	370.	370.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF FOOD	337,770.	337,770.		
b _____				
c _____				
d _____				
e All other expenses _____	367,536.	220,407.	95,764.	51,365.
25 Total functional expenses. Add lines 1 through 24e	120,925,979.	107,829,442.	5,008,074.	8,088,463.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	19,171,642.	1	16,768,961.
	2 Savings and temporary cash investments	12,260,669.	2	18,993,989.
	3 Pledges and grants receivable, net	17,736,724.	3	18,656,797.
	4 Accounts receivable, net	9,740,611.	4	5,500,316.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	982,575.	9	102,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,546,640.		
	b Less: accumulated depreciation	10b 25,089,599.	10c	9,457,041.
	11 Investments - publicly traded securities	35,214,922.	11	40,520,049.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,436,401.	15	1,775,666.
16 Total assets. Add lines 1 through 15 (must equal line 33)	107,175,285.	16	111,775,589.	
Liabilities	17 Accounts payable and accrued expenses	16,770,228.	17	13,734,134.
	18 Grants payable	3,288,945.	18	1,688,494.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,375,306.	20	784,769.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,536,700.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,553,334.	25	8,591,177.
	26 Total liabilities. Add lines 17 through 25	34,524,513.	26	24,798,574.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	33,745,966.	27	46,525,417.
	28 Net assets with donor restrictions	38,904,806.	28	40,451,598.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	72,650,772.	32	86,977,015.
33 Total liabilities and net assets/fund balances	107,175,285.	33	111,775,589.	

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	129,114,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,925,979.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,188,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,650,772.
5	Net unrealized gains (losses) on investments	5	4,441,997.
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	1,695,809.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,977,015.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111825533	106468736	104636875	119342396	124172021	566445561
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	111825533	106468736	104636875	119342396	124172021	566445561
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						84246541.
6 Public support. Subtract line 5 from line 4.						482199020

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	111825533	106468736	104636875	119342396	124172021	566445561
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	560,470.	684,212.	955,384.	844,564.	371,991.	3416621.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	26,733.	18,524.	0.	0.		45,257.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						569907439
12 Gross receipts from related activities, etc. (see instructions)					12	26,218,348.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	84.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.80 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,628,417.</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>23,957,436.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>29,717,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,537,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,750.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	80,532.													
c	Total lobbying expenditures (add lines 1a and 1b)	86,282.													
d	Other exempt purpose expenditures	120773225.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	120859507.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	48,987.	55,903.	87,155.	86,282.	278,327.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	17,046.	21,765.	11,465.	5,750.	56,026.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C PART IV

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

Part IV Supplemental Information *(continued)*

\$750,000 IN DIRECT LOBBYING.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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	4,648,000.	4,671,000.	4,589,000.	4,136,000.	3,719,000.
b Contributions				143,000.	
c Net investment earnings, gains, and losses	1,342,000.	142,000.	285,000.	310,000.	417,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	144,000.	165,000.	203,000.		
f Administrative expenses					
g End of year balance	5,846,000.	4,648,000.	4,671,000.	4,589,000.	4,136,000.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,567,896.		3,567,896.
b Buildings		26,415,990.	22,143,600.	4,272,390.
c Leasehold improvements		822,533.		822,533.
d Equipment		3,740,221.	2,945,999.	794,222.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,457,041.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED ALLOCATIONS	
(3) PAYABLE	8,591,177.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,591,177.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	135,490,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,441,997.	
b	Donated services and use of facilities	2b	229,500.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,716,127.	
e	Add lines 2a through 2d	2e		6,387,624.
3	Subtract line 2e from line 1		3	129,102,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,781.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		11,781.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	129,114,416.

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

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

1	Total expenses and losses per audited financial statements		1	121,164,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	229,500.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		229,500.
3	Subtract line 2e from line 1		3	120,934,516.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,781.	
b	Other (Describe in Part XIII.)	4b	-20,318.	
c	Add lines 4a and 4b	4c		-8,537.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	120,925,979.

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.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

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

Part XIII Supplemental Information (continued)

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, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN LIABILITY FOR PENSION	1,695,809.
LOSS ON DISPOSAL OF FIXED ASSETS	20,318.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,716,127.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	-20,318.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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		648,396.
3 a Subtotal	0	0			648,396.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			648,396.

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	344,125.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL SUPPORT	304,271.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 **0**

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION MINISTRIES INC. 1700 CENTURY CIRCLE NE ATLANTA, GA 30345	58-2070427	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY (SOUTH ATLANTIC DIVISION, INC.) - PO BOX 56567 - ATLANTA, GA 30343	58-0659875	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
AMERICAN RED CROSS METRO ATLANTA CHAPTER - 1955 MONROE DRIVE N.E. - ATLANTA, GA 30324	58-0603132	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
ATLANTA CHILDREN'S SHELTER P. O. BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ATLANTA LEGAL AID SOCIETY, INC. 54 ELLIS STREET, NE ATLANTA, GA 30303	58-0568691	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
ATLANTA TECHNICAL COLLEGE FOUNDATION, INC. - 1560 METROPOLITAN PARKWAY - ATLANTA, GA 30310	58-2582973	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **431.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDITORY VERBAL CENTER, INC. 1901 CENTURY BLVD NE ATLANTA, GA 30345	58-1305600	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
BIG BROTHERS BIG SISTERS OF METRO ATLANTA - 1382 PEACHTREE ST NE - ATLANTA, GA 30309	58-0861895	501(C)(3)	300,000.	0.			COMMUNITY BENEFIT
BLACK VOTERS MATTER FUND (10285168) - 3645 MARKETPLACE BLVD - EAST POINT, GA 30344	81-3625061	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
BLOOM OUR YOUTH, INC. 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
BOY SCOUTS ATLANTA COUNCIL 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	58-0566122	501(C)(3)	260,000.	0.			COMMUNITY BENEFIT
BOY SCOUTS OF AMERICA FLINT RIVER 1361 ZEBULON RD GRIFFIN, GA 30224	58-0574922	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
BOY SCOUTS NORTHEAST GEORGIA COUNCIL - P. O. BOX 399 - JEFFERSON, GA 30549	58-0566207	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
BOYS AND GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET NE - ATLANTA, GA 30309	58-0566123	501(C)(3)	175,000.	0.			COMMUNITY BENEFIT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT ROAD NE ATLANTA, GA 30305	58-1748786	501(C)(3)	27,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

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CARING WORKS, INC. 2785 LAWRENCEVILLE HWY DECATUR, GA 30033	56-2370081	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
CARRIE STEELE PITTS HOME, INC. 667 FAIRBURN RD. N.W. ATLANTA, GA 30331	58-0607078	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ATLANTA INC. - 2401 LAKE PARK DR., SE - SMYRNA, GA 30080	58-1097003	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
CENTER FOR CHILDREN AND YOUNG ADULTS - 2221 AUSTELL ROAD - MARIETTA, GA 30008	58-1451180	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
CHEROKEE FAMILY VIOLENCE CENTER P.O. BOX 489 CANTON, GA 30114	58-1650925	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
CHILDREN'S MUSEUM OF ATLANTA INC 275 CENTENNIAL OLYMPIC PARK DRIVE ATLANTA, GA 30313	58-1785484	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
CHRIS KIDS 1017 FAYETTEVILLE ROAD SE ATLANTA, GA 30316	58-1430183	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
COLLEGE ADVISING CORP 301 W. BARBEE CHAPEL ROAD CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF ATLANTA 600 W. PEACHTREE ST. ATLANTA, GA 30308	58-1152807	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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COMMUNITIES IN SCHOOLS OF COUNTY COUNTY INC. - 328 ALEXANDER STREET - MARIETTA, GA 30060	58-2627310	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
COMMUNITY ASSISTANCE CENTER (FORMERLY COMMUNITY ACTION CENTER INC.) - 1130 HIGHTOWER TRAIL - SANDY SPRINGS, GA 30350	58-1825565	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
CORNERS OUTREACH 2 SUN COURT PEACHTREE, GA 30092	45-5613973	501(C)(3)	60,000.	0.			COMMUNITY BENEFIT
COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON ROAD N. W. ATLANTA, GA 30318	13-3523561	501(C)(3)	27,500.	0.			COMMUNITY BENEFIT
DIABETES ASSOCIATION OF ATLANTA, INC. - 75 MARIETTA ST - ATLANTA, GA 30303	58-0973055	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
EASTER SEALS NORTH GEORGIA 53 PERIMETER CENTER EAST ATLANTA, GA 30346	58-1919768	501(C)(3)	102,500.	0.			COMMUNITY BENEFIT
FAIR COUNT 464 BOULEVARD SE ATLANTA, GA 30312	58-2421574	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
FAMILIES FIRST 80 JOSEPH E. LOWERY BLVD NW ATLANTA, GA 30314	58-1054331	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
FATHERS, INC. 2394 MOUNT VERNON RD DUNWOODY, GA 30038	20-1893855	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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FUTURE FOUNDATION 1892 WASHINGTON RD EAST POINT, GA 30344	58-2636418	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
GATE CITY DAY NURSERY ASSOCIATION 2080 CASCADE ROAD ATLANTA, GA 30311	58-0593408	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303-3638	26-1193832	501(C)(3)	337,500.	0.			COMMUNITY BENEFIT
GEARS: GEORGIA EARLY EDUCATION 3400 PEACHTREE RD NE ATLANTA, GA 30326	46-4250104	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GEORGIA APPLESEED 1600 PARKWOOD CIR SE ATLANTA, GA 30339	20-4036923	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
GEORGIA CHARITABLE CARE NETWORK P.O. BOX 133224 ATLANTA, GA 30333	80-0100336	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC. - P.O. BOX 5317 - ATLANTA, GA 31107	58-1845423	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN ROAD MABLETON, GA 30126	58-0566190	501(C)(3)	70,000.	0.			COMMUNITY BENEFIT
GIRLS INCORPORATED OF GREATER ATLANTA - 1100 PEACHTREE ST NE - ATLANTA, GA 30309	58-1276804	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT

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

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GOODWILL INDUSTRIES OF NORTH GEORGIA - 2201 LAWRENCEVILLE HIGHWAY - DECATUR, GA 30033	20-8351046	501(C)(3)	52,500.	0.			COMMUNITY BENEFIT
GOSHEN VALLEY FOUNDATION 387 GOSHEN CHURCH WAY WALESKA, GA 30183	58-2361483	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
HEALTH EDUCATION ASSESSMENT & LEADERSHIP INC - 2600 MARTIN LUTHER KING JR. DR., SW - ATLANTA, GA 30311	26-3990559	501(C)(3)	27,500.	0.			COMMUNITY BENEFIT
HEALTHY MOTHERS HEALTHY BABIES 2300 HENDERSON MILL ROAD NE ATLANTA, GA 30345	58-1440585	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
HOPE ATLANTA 34 PEACHTREE STREET NW, #700 ATLANTA, GA 30303	58-0566247	501(C)(4)	22,500.	0.			COMMUNITY BENEFIT
HORIZONS ATLANTA, INC. 177 NORTH AVE NW ATLANTA, GA 30332	37-1747624	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HOUSE OF DAWN INC 298 S MAIN ST JONESBORO, GA 30236	58-2534495	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY, INC. - 4151 MEMORIAL DRIVE - DECATUR, GA 30032	20-1060068	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT

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INTERNATIONAL RESCUE COMMITTEE 2305 PARKLAKE DRIVE ATLANTA, GA 30345	13-5660870	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
JEWISH FAMILY AND CAREER SERVICES 4549 CHAMBEE-DUNWOODY ATLANTA, GA 30338	58-1479212	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
LAAMISTAD, INC. 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324-3262	58-1237316	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
LINK COUNSELING CENTER INC 348 MOUNT VERNON HIGHWAY NE ATLANTA, GA 30328-4139	58-1190987	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
LIVESAFE RESOURCES 48 HENDERSON ST. MARIETTA, GA 30064	58-0617782	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
LOS NINOS PRIMERO 471 MOUNT VERNON HIGHWAY NE SANDY SPRINGS, GA 30328	20-0840930	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
MERCY CARE SERVICES INC 424 DECATUR STREET SE ATLANTA, GA 30312	58-1752700	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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MUST MINISTRIES P.O. BOX 1717 MARRIETA, GA 30061	58-2034725	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
NEW AMERICAN PATHWAYS, INC. 2300 HENDERSON MILL ROAD NE, ATLANTA, GA 30345	30-0130066	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
NICHOLAS HOUSE INC. 830 BOULEVARD SE ATLANTA, GA 30312	58-1762614	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
ODYSSEY FAMILY COUNSELING CENTER 1919 JOHN WESLEY AVE COLLEGE PARK, GA 30337	58-1295404	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ONEGOAL P.O. BOX 888254 ATLANTA, GA 30356	56-2369898	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
PROJECT OPEN HAND ATLANTA INC. (OPEN HAND ATLANTA) - 181 ARMOUR DRIVE NE - ATLANTA, GA 30324	58-1816778	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
OUR HOUSE, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 170225 - ATLANTA, GA 30317	58-1314556	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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POSTIVE IMPACT HEALTH CENTER 3350 BRECKINRIDGE BLVD DULUTH, GA 30096	58-1973324	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
THE POSSE FOUNDATION (POSSE ATLANTA) - 101 MARIETTA STREET N.W - ATLANTA, GA 30303	13-3840394	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
PREMIER ACADEMY INC 120 RENAISSANCE PKWY NE ATLANTA, GA 30308	58-1169016	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
QUEST COMMUNITY DEVELOPMENT ORGANIZATION - 878 ROCK STREET NW - ATLANTA, GA 30314	58-2634738	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
REDEFINED ATLANTA 830 GLENWOOD AVE SE ATLANTA, GA 30316	81-2554172	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
REFUGEE WOMEN'S NETWORK 2900 CHAMBLEE TUCKER ROAD ATLANTA, GA 30341	58-2369796	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
SCOTTTDALE EARLY LEARNING INC 479 WARREN AVE. SCOTTTDALE, GA 30079	58-1281657	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
SER FAMILIA, INC. P.O. BOX 146 ACWORTH, GA 30101	35-2166123	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
SOUTHERN CRESCENT HABITAT FOR HUMANITY - 9570 TARA BLVD - JONESBORO, GA 30236	58-1761611	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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THE CENTER FOR FAMILY RESOURCES 995 ROSWELL STREET NE MARIETTA, GA 30066	58-0876634	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
THE DRAKE HOUSE 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501(C)(3)	5,000.	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)	5,000.	0.			COMMUNITY BENEFIT
THE FRAZER CENTER 1815 PONCE DE LEON AVENUE NE ATLANTA, GA 30307	58-1824440	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
THE ORANGE DUFFEL BAG INITIATIVE 1801 PEACHTREE STREET NE ATLANTA, GA 30309	27-1845671	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
THE SCHOLARSHIP ACADEMY 3789 HEMPSTEAD WAY ATLANTA, GA 30331	20-3721836	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT
SHELTERING ARMS EARLY EDUCATION & FAMILY CENTER - 385 CENTENNIAL OLYMPIC PARK DR - ATLANTA, GA 30313	58-0566236	501(C)(3)	187,500.	0.			COMMUNITY BENEFIT
URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE STREET NE ATLANTA, GA 30303	58-0593386	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
USHER'S NEW LOOK 500 BISHOP STREET NW ATLANTA, GA 30318	58-2480934	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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VOICES/ GEORGIA STATEWIDE AFTE 75 MARIETTA ST ATLANTA, GA 30303	02-0678823	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
WHITEFOORD COMMUNITY PROGRAM 1353 DUPONT AVENUE SE ATLANTA, GA 30317	58-2180056	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
YMCA OF METROPOLITAN ATLANTA 101 MARIETTA STREET ATLANTA, GA 30303	58-0566253	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
YELLS, INC. YOUTH EMPOWERMENT THROUGH LEARNING) - 1156 PIEDMONT AVENUE - ATLANTA, GA 30309	27-0900525	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
YOUTHSPARK INC 395 PRYOR STREET SW ATLANTA, GA 30312	58-2556130	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
YWCA OF GREATER ATLANTA 957 NORTH HIGHLAND AVE ATLANTA, GA 30306	58-0593442	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PKWY N W ATLANTA, GA 30327	58-0566198	501(C)(3)	2,371,000.	0.			COMMUNITY BENEFIT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303-3638	26-1193832	501(C)(3)	2,206,058.	0.			COMMUNITY BENEFIT
PARTNERS FOR HOME 818 POLLARD BLVD ATLANTA, GA 30315	47-3476724	501(C)(3)	1,289,889.	0.			COMMUNITY BENEFIT

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FRONTLINE HOUSING INC. 245 N HIGHLAND AVENUE ATLANTA, GA 30307	84-4391959	501(C)(3)	1,006,724.	0.			COMMUNITY BENEFIT
GEORGIA FAMILY CONNECTION PARTNERSHIP, INC. - 235 PEACHTREE STREET, N.W. - ATLANTA, GA 30303	58-1888262	501(C)(3)	917,900.	0.			COMMUNITY BENEFIT
YMCA OF METROPOLITAN ATLANTA 569 MARTIN LUTHER KING JR DR NW ATLANTA, GA 30314	58-0566253	501(C)(3)	806,900.	0.			COMMUNITY BENEFIT
STEP UP ON SECOND STREET INC. 1328 SECOND STREET SANTA MONICA, CA 90401	95-4109386	501(C)(3)	803,642.	0.			COMMUNITY BENEFIT
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY ATLANTA, GA 30324	58-2400285	501(C)(3)	691,520.	0.			COMMUNITY BENEFIT
PROJECT COMMUNITY CONNECTIONS, INC. - 302 DECATUR ST, SE - ATLANTA, GA 30312	58-2373779	501(C)(3)	589,449.	0.			COMMUNITY BENEFIT
INTOWN COLLABORATIVE MINISTERIE 10216 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501(C)(3)	565,730.	0.			COMMUNITY BENEFIT
LATINO COMMUNITY FUND INC P.O. BOX 3299 DECATUR, GA 30031	82-0911954	501(C)(3)	495,000.	0.			COMMUNITY BENEFIT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE - ATLANTA, GA 30303	58-1364400	501(C)(3)	431,250.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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CROSSROADS COMMUNITY MINISTRIES P.O. BOX 55397 ATLANTA, GA 30308	58-2235391	501(C)(3)	373,018.	0.			COMMUNITY BENEFIT
NICHOLAS HOUSE INC. P. O. BOX 15577 ATLANTA, GA 30333	58-1762614	501(C)(3)	364,193.	0.			COMMUNITY BENEFIT
HOMES OF LIGHT LLC 4426 HUGH HOWELL RD ATLANTA, GA 30084	45-2653565	501(C)(3)	358,664.	0.			COMMUNITY BENEFIT
HOUSING PLUS INC 245 N HIGHLAND AVENUE ATLANTA, GA 30307-1936	83-1195687	501(C)(3)	351,770.	0.			COMMUNITY BENEFIT
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET SW ATLANTA, GA 30312	58-2212203	501(C)(3)	334,139.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF ATLANTA 260 PEACHTREE ST NW ATLANTA, GA 30303	58-1152807	501(C)(3)	327,495.	0.			COMMUNITY BENEFIT
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324-3262	58-1237316	501(C)(3)	323,684.	0.			COMMUNITY BENEFIT
CORE COMMUNITY ORGANIZED RELIEF EFFORT - 6464 SUNSET BOULEVARD - LOS ANGELES, CA 90028	27-1703237	501(C)(3)	300,000.	0.			COMMUNITY BENEFIT
BLACK CHILD DEVELOPMENT INSTITUTE -ATLANTA - PO BOX 2270 - DACULA, GA 30019	52-1697682	501(C)(3)	297,800.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501(C)(3)	292,500.	0.			COMMUNITY BENEFIT
COMMUNITY TEEN COALITION 1003 VIRGINIA AVE ATLANTA, GA 30354	26-0593262	501(C)(3)	292,495.	0.			COMMUNITY BENEFIT
HOPE ATLANTA 34 PEACHTREE STREET ATLANTA, GA 30303	58-0566247	501(C)(3)	286,671.	0.			COMMUNITY BENEFIT
INSPIREDU 1550 SOUTHLAND CIRCLE ATLANTA, GA 30318	84-3606525	501(C)(3)	275,000.	0.			COMMUNITY BENEFIT
THE SALVATION ARMY 469 MARIETTA ST. NW ATLANTA, GA 30313	58-0660607	501(C)(3)	270,092.	0.			COMMUNITY BENEFIT
URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE STREET NE ATLANTA, GA 30303	58-0593386	501(C)(3)	252,495.	0.			COMMUNITY BENEFIT
THE SHELTERING ARMS 385 CENTENNIAL OLYMPIC PARK NW ATLANTA, GA 30313	58-0566236	501(C)(3)	252,000.	0.			COMMUNITY BENEFIT
LEADING TO MOVEMENT INC 665 BERNIE STREET SE ATLANTA, GA 30312	82-1427683	501(C)(3)	220,000.	0.			COMMUNITY BENEFIT
HOUSING TONIGHT INC 3190 RIDGEWOOD ROAD NW ATLANTA, GA 30327	82-5009686	501(C)(3)	210,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAISING EXPECTATIONS INC PO BOX 92814 ATLANTA, GA 30314	58-2395581	501(C)(3)	209,911.	0.			COMMUNITY BENEFIT
SER FAMILIA, INC. P.O. BOX 146 ACWORTH, GA 30101	35-2166123	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
SOUND LANDING, INC. 8160 ROYAL TRRON DR DULUTH, GA 30097-1643	27-3199928	501(C)(3)	200,000.	0.			COMMUNITY BENEFIT
CLARKSTON DEVELOPMENT FOUNDATION P.O.BOX 529 CLARKSTON, GA 30021	27-2014061	501(C)(3)	186,000.	0.			COMMUNITY BENEFIT
FRIENDS OF REFUGEES INC. P.O. BOX 548 CLARKSTON, GA 30021	20-1989492	501(C)(3)	180,000.	0.			COMMUNITY BENEFIT
FUTURE FOUNDATION 1892 WASHINGTON ROAD ATLANTA, GA 30344	58-2636418	501(C)(3)	175,828.	0.			COMMUNITY BENEFIT
METRO ATLANTA URBAN FARM 3271 MAIN STREET COLLEGE PARK, GA 30337	45-2500753	501(C)(3)	172,078.	0.			COMMUNITY BENEFIT
ATLANTA CARES MENTORING 4725 WALTON CROSSING-UNIT 3212 ATLANTA, GA 30331	27-0354245	501(C)(3)	160,000.	0.			COMMUNITY BENEFIT
LA AMISTAD INC 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501(C)(3)	160,000.	0.			COMMUNITY BENEFIT

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THE COMMUNITY RESTORATION PROJECT CORP - 7427 SAINT DAVID ST. - FAIRBURN, GA 30213	85-1962631	501(C)(3)	160,000.	0.			COMMUNITY BENEFIT
CENTER FOR PAN ASIAN COMMUNITY SERVICES, INC. - 3510 SHALLOWFORD RD NE - ATLANTA, GA 30341	58-1437980	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
GA STATE UNIVERSITY RESEARCH FOUNDATION - P.O. BOX 3999 - ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
GEORGIA EARLY EDUCATION ALLIANCE FOR READY STUDENTS - 3400 PEACHTREE RD. NE - ATLANTA, GA 30326	46-4250104	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION - 437 OLD PEACHTREE ROAD NW - SUWANEE, GA 30024-2978	16-1764597	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
OPEN DOORS 2782 WOODCOCK BLVD ATLANTA, GA 30341	83-0841949	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
REACH OUT AND READ, INC. 89 SOUTH STREET BOSTON, MA 02111	04-3481253	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT
STATE CHARTER SCHOOLS FOUNDATION OF GA - 508 TWIN TOWERS WEST - ATLANTA, GA 30334	47-4742575	501(C)(3)	150,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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EAST LAKE FOUNDATION 2606 ALSTON DRIVE SE ATLANTA, GA 30317	58-2204306	501(C)(3)	145,000.	0.			COMMUNITY BENEFIT
STRIVE INTERNATIONAL INC. 205 EAST 122ND STREET NEW YORK, NY 10035	13-3255679	501(C)(3)	143,187.	0.			COMMUNITY BENEFIT
PROJECT SOUTH: THE ELIMINATION OF GENOCIDE - 9 GAMMON AVE SW - ATLANTA, GA 30315	58-1956686	501(C)(3)	142,500.	0.			COMMUNITY BENEFIT
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY NE SANDY SPRINGS, GA 30328	20-0840930	501(C)(3)	130,000.	0.			COMMUNITY BENEFIT
OUR HOUSE, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501(C)(3)	130,000.	0.			COMMUNITY BENEFIT
GEORGIA CENTER FOR NONPROFITS 100 PEACHTREE ST NW ATLANTA, GA 30303	58-2554789	501(C)(3)	125,000.	0.			COMMUNITY BENEFIT
VETERANS EMPOWERMENT ORGANIZATION 373 W LAKE AVE NW ATLANTA, GA 30318	80-0219022	501(C)(3)	123,400.	0.			COMMUNITY BENEFIT
ODYSSEY FAMILY COUNSELING CENTER 1919 JOHN WESLEY AVE COLLEGE PARK, GA 30337	58-1295404	501(C)(3)	110,000.	0.			COMMUNITY BENEFIT
ANOTHER CHANCE OF ATLANTA, INC. 777 CLEVELAND AVE. ATLANTA, GA 30315	58-2590035	501(C)(3)	105,484.	0.			COMMUNITY BENEFIT

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FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE SW ATLANTA, GA 30310	58-1815194	501(C)(3)	105,280.	0.			COMMUNITY BENEFIT
REFUGEE WOMEN'S NETWORK 2900 CHAMBLEE TUCKER ROAD ATLANTA, GA 30341	58-2369796	501(C)(3)	101,000.	0.			COMMUNITY BENEFIT
AGAPE COMMUNITY CENTER 2353 BOLTON ROAD NW, ATLANTA, GA 30318	58-2372950	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
BOYS & GIRL CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	58-0566123	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
CENTER FOR CIVIC INNOVATION 115 MLK DR. SW ATLANTA, GA 30303	26-4096600	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
CORNERS OUTREACH 2 SUN COURT PEACHTREE CORNERS, GA 30092	45-5613973	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
FOUNDATIONS INC. 701 EAST GATE DRIVE MOUNT LAUREL, NJ 08054	52-1801849	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
GEORGIA LEGAL SERVICES PROGRAM 104 MARIETTA STREET, NW, ATLANTA, GA 30303	58-1111590	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
HISPANIC ALLIANCE GA 2490 HILTON DRIVE GAINESVILLE, GA 30501	81-4556909	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT

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INSPIRITUS INC 230 PEACHTREE ST NW ATLANTA, GA 30303	58-1535692	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
JUMPSTART ATLANTA 308 CONGRESS STREET, 6TH FLOOR BOSTON, MA 02210	04-3262046	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
REIMAGINE ATL, INC. 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
SOCIAL AND ENVIRONMENTAL ENTREPRESNEURS - 23564 CALABASAS RAOD - CALABASAS, CA 91302	95-4116679	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
ST. VINCENT DE PAUL SOCIETY 2050-C CHAMBLEE TUCKER RD. CHAMBLEE, GA 30341	58-1981270	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
STAR C EVICTION RELIEF FUND 1335 CANTON ROAD MARIETTA, GA 30066	47-1218629	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
THE FAMILY HEALTH CENTERS OF GA 868 YORK AVE. SW ATLANTA, GA 30310	58-1233448	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
UNIVERSITY OF GEORGIA RESEARCH 310 EAST CAMPUS ROAD(UGA) ATHENS, GA 30602-1589	58-1353149	501(C)(3)	100,000.	0.			COMMUNITY BENEFIT
NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD. DECATUR, GA 30034	58-2616862	501(C)(3)	93,000.	0.			COMMUNITY BENEFIT

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GOOD NEWS CLINICS 810 PINE ST GAINESVILLE, GA 30501	58-2058853	501(C)(3)	90,000.	0.			COMMUNITY BENEFIT
EASTER SEALS NORTH GEORGIA 53 PERIMETER CENTER EAST ATLANTA, GA 30346	58-1919768	501(C)(3)	85,000.	0.			COMMUNITY BENEFIT
VIEW POINT HEALTH 175 GWINNETT DRIVE LAWRENCEVILLE, GA 30046	58-2103187	501(C)(3)	84,133.	0.			COMMUNITY BENEFIT
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY DECATUR, GA 30033	56-2370081	501(C)(3)	78,800.	0.			COMMUNITY BENEFIT
CHRIS 180 1017 FAYETTEVILLE RD ATLANTA, GA 30316	58-1430183	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
ENVIRONMENTALISM THROUGH INSPIRATION AND NON - 2010 LINDEN AVE - VENICA, CA 90291	95-4658841	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
GA BUILDING TRADES ACADEMY 501 PULLIAM STREET SW ATLANTA, GA 30312	31-1778416	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
GEORGIA ADVANCING COMMUNITIES TOGETHER INC. - 250 GEORGIA AVENUE SE - ATLANTA, GA 30312	58-2661528	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT
PER SCHOLAS INC 804 # 138TH ST. BRONX, NY 10454	04-3252955	501(C)(3)	75,000.	0.			COMMUNITY BENEFIT

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100 BLACK MEN OF ATLANTA, INC 101 JACKSON STREET NE ATLANTA, GA 30312	58-1721923	501(C)(3)	67,500.	0.			COMMUNITY BENEFIT
WELLSPRING LIVING 1040 BOULEVARD SE ATLANTA, GA 30312	58-2614182	501(C)(3)	67,000.	0.			COMMUNITY BENEFIT
THE PARTERSHIP FOR SOUTHERN EQUITY - 260 PEACHTREE STREET - ATLANTA, GA 30303	27-4424115	501(C)(3)	64,000.	0.			COMMUNITY BENEFIT
E3 LEARNING INC P.O. BOX 80351 CONYERS, GA 30013	84-1783878	501(C)(3)	63,750.	0.			COMMUNITY BENEFIT
POLYANNA'S PLACE 1944 LYLE AVENUE COLLEGE PARK, GA 30337	47-5174549	501(C)(3)	63,750.	0.			COMMUNITY BENEFIT
SUPREME FAMILY FOUNDATION INC 1827 COLUMBIA DR DECATUR, GA 30058	58-2384492	501(C)(3)	58,000.	0.			COMMUNITY BENEFIT
WHOLESOME WAVE GEORGIA 777 CLEVELAND AVE SW ATLANTA, GA 30315	45-4816906	501(C)(3)	58,000.	0.			COMMUNITY BENEFIT
HAND, HEART, AND SOUL PROJECT 993 FOREST AVE FOREST PARK, GA 30297	82-1127395	501(C)(3)	57,000.	0.			COMMUNITY BENEFIT
COMMUNITY FOUNDATION OF GREATER ATLANTA - 191 PEACHTREE STREET NE - ATLANTA, GA 30303	58-1344646	501(C)(3)	56,250.	0.			COMMUNITY BENEFIT

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INVEST ATLANTA - CREATL 133 PEACHTREE STREET NE ATLANTA, GA 30303	58-2322663	501(C)(3)	56,000.	0.			COMMUNITY BENEFIT
MENTAL FITNESS 21ST CENTRY LEARNING - 149 SW BROAD ST - FAIRBURN, GA 30213	46-4613075	501(C)(3)	55,000.	0.			COMMUNITY BENEFIT
MLK SR. COMMUNITY RESOURCES COLLABORATIVE - 101 JACKSON STREET NE - ATLANTA, GA 30312	46-4284316	501(C)(3)	53,284.	0.			COMMUNITY BENEFIT
URBAN RECIPE INC. 645 GRANT STREET SE ATLANTA, GA 30312	27-0000606	501(C)(3)	51,972.	0.			COMMUNITY BENEFIT
GRADY HEALTH SYSTEMS 50 HURT PLAZA ATLANTA, GA 30303	58-2130437	501(C)(3)	51,500.	0.			COMMUNITY BENEFIT
AFRICA'S CHILDREN'S FUND INC. 6815 WYNBROOKE CV STONE MOUNTAIN, GA 30087	58-2101991	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ALTERNATE ROOTS INC 1270 CAROLINE ST ATLANTA, GA 30303	58-1318198	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ASIAN AMERICANS ADVANCING JUSTICE-ATL - 5680 OAKBROOK PKWY - NORCROSS, GA 30093	27-2577567	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ATLANTA CENTER FOR SELF SUFFICIENCY, INC. - 460 EDGEWOOD AVE SE - ATLANTA, GA 30312	58-1479816	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

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ATLANTA JOBS WITH JUSTICE 420 MCDONOUGH BLVD ATLANTA, GA 30315	20-2794280	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ATLANTA VICTIM ASSISTANCE, INC. 150 GARNETT ST SW ATLANTA, GA 30303	32-0017011	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
BIG BROTHERS BIG SISTERS OF METRO A 1382 PEACHTREE ST NE ATLANTA, GA 30309	58-0861895	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
BREAD OF LIFE DEVELOPMENT MINISTRIES - P.O. BOX 1611 - CONYERS, GA 30012	20-8369872	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
CARING FOR OTHERS, INC. 3537 BROWNS MLIL RD SE ATLANTA, GA 30354	16-1622195	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
EMPOWERMENT RESOURCE CENTER 230 PEACHTREE STREET NW ATLANTA, GA 30303	56-2587827	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
EQUALITY FOUNDATION OF GEORGIA, INC - 1530 DEKALB AVE NE STE A - ATLANTA, GA 30307	58-2346744	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
FAMILY HERITAGE FOUNDATION, INC. 557 CRESTRIDGE COURT STONE MOUNTAIN, GA 30083	01-0638933	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
FUGEES FAMILY INC 1933 E DUBLIN GRANVILLE RD COLUMBUS, OH 43229	20-5771149	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

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GEORGIA BUDGET & POLICY INSTITUTE 50 HURT PLAZA SE STE 720 ATLANTA, GA 30303	55-0860376	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA CHARITABLE CARE NETWORK P.O. BOX 133224 ATLANTA, GA 30333	80-0100336	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA COALITION FOR THE PEOPLES'S AGENDA - 501 PULLIAM STREET - ATLANTA, GA 30312	31-1770856	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA SHIFT INC P.O. BOX 14701 AUGUSTA, GA 30919	46-5280771	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GEORGIA STAND-UP 501 PULLIAM STREET ATLANTA, GA 30312	20-0984437	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GOODWILL OF NORTH GEORGIA 2201 LAWRENCEVILLE HWY #300 DECATUR, GA 30033	20-8351046	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
GREATER MUSLIM VOTER PROJECT 5680 OAKBRROK PKWY NORCROSS, GA 30093	81-1446781	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HABITAT FOR HUMANITY - ATLANTA 824 MEMORIAL DRIVE SE ATLANTA, GA 30316	58-1535414	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
HABITAT FOR HUMANITY - DEKALB P. O. BOX 403 TUCKER, GA 30085	58-1792761	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

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HOME STRETCH 89 GROVE WAY ROSWELL, GA 30075-4532	58-2051038	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
IMPACT 46, INC. (DBA LAWRENCEVILLE RESPONSE CENTER) - 279 W. CROGRAN ST - LAWRENCEVILLE, GA 30046	81-3592697	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
INROADS/ATLANTA INC. 260 PEACHTREE ST NW STE 400 ATLANTA, GA 30303	62-0967197	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
NATIONAL BLACK WOMEN'S HEALTH PROJECT - 700 PENNSYLVANIA AVE SE - WASHINGTON, DC 20003	58-1557556	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
NEW GEORGIA PROJECT, INC. 165 COURTAND STREET ATLANTA, GA 30303	82-1348307	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
PLACE OF HOPE, INC. 5405 JONESBORO ROAD LAKE CITY, GA 30260	58-2656313	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
RAKSHA INC. P.O. BOX 12337 ATLANTA, GA 30355	58-2190065	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
SAINT PHILIP CHILD DEVELOPMENT CENTER, INC. - 240 CANDLER RD SE - ATLANTA, GA 30317	58-1393138	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
SCOTTTDALE EARLY LEARNING INC 479 WARREN AVE SCOTTTDALE, GA 30079	58-1281657	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT

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SISU OF GEORGIA INC. 2360 MURPHY BLVD. GAINESVILLE, GA 30504	58-1622732	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ST. JOSEPH'S MERCY CARE SERVICES 424 DECATUR ST. S.E. ATLANTA, GA 30312	58-1752700	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
SUCCESSFUL PAHTS INC P.O. BOX 465987 LAWRENCEVILLE, GA 30042	45-2777083	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
THE ARC OF THE UNITED STATES (DBA THE ARC GEORGIA) - 1825 K ST NW - WASHINGTON, DC 20006	13-5642032	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
THE SHINE COMMUNITY, INC. 1795 BUFORD HWY DULUTH, GA 30097	85-1168283	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
ZION HILL COMMUNITY DEVELOPMENT 2741 BAYARD STREET EAST POINT, GA 30344	81-0590367	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT ROAD NE ATLANTA, GA 30305	58-1748786	501(C)(3)	48,684.	0.			COMMUNITY BENEFIT
QUEST COMMUNITY DEVELOPMENT ORGANIZATION - 878 ROCK STREET NW - ATLANTA, GA 30314	58-2634738	501(C)(3)	48,684.	0.			COMMUNITY BENEFIT
TEACH O REA PREPARATORY PRESCHOOL 791 RAYS ROAD STONE MOUNTAIN, GA 30083	20-8507403	501(C)(3)	48,150.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAYTON COUNTY PUBLIC SCHOOL 1058 FIFTH AVENUE JONESBORO, GA 30236	45-4281815	501(C)(3)	47,650.	0.			COMMUNITY BENEFIT
HOSEA FEED THE HUNGRY PO BOX 4672 ATLANTA, GA 30302	58-1340903	501(C)(3)	47,500.	0.			COMMUNITY BENEFIT
VISION TUTORING EDUCATIONAL FOUNDATION INC - P.O. BOX 43702 - ATLANTA, GA 30336	90-0635017	501(C)(3)	46,210.	0.			COMMUNITY BENEFIT
POWERMYLEARNING 1550 SOUTHLAND CIRCLE NW ATLANTA, GA 30318	84-3606525	501(C)(3)	45,500.	0.			COMMUNITY BENEFIT
21ST CENTURY LEADERS P.O. BOX 1125 DECATUR, GA 30031	58-1820875	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE RD. SE ATLANTA, GA 30316	58-1242857	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
FIRST STEP STAFFING INC 236 AUBURN AVE NE ATLANTA, GA 30303	20-8038859	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
GATEWAY RESTORATION 4981 PHILLIPS DRIVE FORREST PARK, GA 30297	58-2132415	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
L & J EMPOWERMENT INC (DBA THE CONFESS PROJECT) - 4355 COBB PARKWAY - ATLANTA, GA 30339	81-2177002	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT

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SALEM BIBLE CHURCH 2283 BAKER ROAD ATLANTA, GA 30318	58-6123678	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
STS. PETER & PAUL CATHOLIC CHURCH 2560 TILSON ROAD DECATUR, GA 30032	58-6014912	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
THE GA FOUNDATION FOR EARLY CARE AND LEARNING - 2 MARTIN LUTHER KING JR. DRIVE - ATLANTA, GA 30334	82-1606831	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
ZION HILL BAPTIST CHURCH 6175 CAMPBELLTON ROAD ATLANTA, GA 30331	58-1470358	501(C)(3)	45,000.	0.			COMMUNITY BENEFIT
PARTNERS IN ACTION FOR HEALTHY LIVING INC - 1679 COLUMBIA DR - DECATUR, GA 30031	46-1305975	501(C)(3)	43,000.	0.			COMMUNITY BENEFIT
COMMUNITY MOVEMENTS BUILDERS INC. 3401 LANTERN VIEW LANE SCOTSDALE, GA 30079	47-4653915	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT
ECO-ACTION 250 GEORGIA AVENUE, SE ATLANTA, GA 30312	58-1854834	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT
HOUSING JUSTICE LEAGUE INC 1509 BROOKCLIFF CIRCLE MARIETTA, GA 30062	46-1271164	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR., S.W. NCPC ATLANTA, GA 30310	58-1438873	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT

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THE GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 7 DUNWOODY PARK - ATLANTA, GA 30338	76-0809155	501(C)(3)	42,500.	0.			COMMUNITY BENEFIT
RAISING A READER 489 VALLEY WAY MILPITAS, CA 95035	94-3390149	501(C)(3)	40,403.	0.			COMMUNITY BENEFIT
CREATE YOUR DREAMS 887 WEST MARIETTA ST NW ATLANTA, GA 30318	58-2133252	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
DUKES FOUNDATION, CORPORATION 279 SADDLEVIEW TRAIL RIVERDALE, GA 30274	90-0402971	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
RHEMA HOUSING INC. 5604 WENDY BAGWELL PKWY HIRAM, GA 30141	65-1142545	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
THE LINK COUNSELING CENTER 348 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-1109087	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
VISION 21 CONCEPTS, INC P.O. BOX 845 HIRAM, GA 30141	36-4579342	501(C)(3)	40,000.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUB OF LANIER P.O. BOX 691 GAINESVILLE, GA 30503	58-0656890	501(C)(3)	39,865.	0.			COMMUNITY BENEFIT
COMMUNITY GUILDS, INC. 501 DANCING FOX RD DECATUR, GA 30032	46-3220762	501(C)(3)	39,500.	0.			COMMUNITY BENEFIT

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CANOPY ATLANTA C/O CENTER FOR CIVIC - 504 E ONTARIO AVENUE - ATLANTA, GA 30310	85-0694979	501(C)(3)	38,000.	0.			COMMUNITY BENEFIT
WOMEN ARE DREAMERS TOO 295 WEST CROSSVILLE ROAD ROSWELL, GA 30075	52-2288027	501(C)(3)	37,675.	0.			COMMUNITY BENEFIT
ATLANTA PARTNERS FOR EDUCATION 130 TRINITY AVE SW ATLANTA, GA 30303	58-1463137	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
NATIONAL CARES MENTORING MOVEMENT 5 PENN PLAZA 23RD FLOOR NEW YORK, NY 10001	32-0207585	501(C)(3)	37,500.	0.			COMMUNITY BENEFIT
METAMORPHASIS POWERHOUSE COMPANY INC. - 309 SHYRE LAKE LANE - MCDONOUGH, GA 30253	01-0612407	501(C)(3)	37,000.	0.			COMMUNITY BENEFIT
CONCERNED BLACK CLERGY P.O. BOX 11165 ATLANTA, GA 30310	58-1913451	501(C)(3)	36,265.	0.			COMMUNITY BENEFIT
CLAYTON COUNTY LIBRARY SYSTEM 865 BATTLE CREEK ROAD JONESBORO, GA 30236	43-2091268	501(C)(3)	36,000.	0.			COMMUNITY BENEFIT
THE SHOWCASE GROUP INC 931 MONROE DRIVE NE ATLANTA, GA 30308	45-1578456	501(C)(3)	35,500.	0.			COMMUNITY BENEFIT
CLARKSTON COMMUNITY CENTER 3701 COLLEGE AVE CLARKSTON, GA 30021	58-2127610	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT

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GEORGIA PARTNERSHIP FOR EXCELLENCE 270 PEACHTREE ST., NW SUITE 2200 ATLANTA, GA 30303	58-1974586	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
UGA CLAYTON COUNTY EXTENSION 1262 GOVERNMENT CIRCLE JONESBORO, GA 30236	58-6033837	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
UNIDOS LATINO ASSOCIATION INC 915 CENTER ST CONYERS, GA 30012	82-1154726	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
YOUTHSPARK INC 395 PRYOR STREET SW ATLANTA, GA 30312	58-2556130	501(C)(3)	35,000.	0.			COMMUNITY BENEFIT
ZABAN PARADIES CENTER 1605 PEACHTREE STREET NE ATLANTA, GA 30309	27-0728201	501(C)(3)	34,000.	0.			COMMUNITY BENEFIT
THE TWENTY PEARLS FOUNDATION, INC. P.O. BOX 90351 ATLANTA, GA 30364	77-0645157	501(C)(3)	33,500.	0.			COMMUNITY BENEFIT
HOME TRAINING INSTITUTE, INC. 1441 WOODMONT LN NW #1575 ATLANTA, GA 30318	20-0167863	501(C)(3)	33,345.	0.			COMMUNITY BENEFIT
BEREAN OUTREACH MINISTRY INC 312 HAMILTON E HOLMES DR NW ATLANTA, GA 30318	82-1426447	501(C)(3)	33,000.	0.			COMMUNITY BENEFIT
FERST READERS P.O. BOX 1327 MADISON, GA 30650	58-2489181	501(C)(3)	32,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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SEM LINK INC 1700 NORTHSIDE DRIVE NW ATLANTA, GA 30318	34-2050759	501(C)(3)	32,000.	0.			COMMUNITY BENEFIT
TRINITY OUTREACH INTERNATIONAL 95 KUBOL DRIVE LAWRENCEVILLE, GA 30046	47-3818440	501(C)(3)	32,000.	0.			COMMUNITY BENEFIT
WEST GEORGIA TECHNICAL COLLEGE 176 MURPHY CAMPUS BLVD WACO, GA 30182	58-1816825	501(C)(3)	31,920.	0.			COMMUNITY BENEFIT
BETHESDA CHRISTIAN ACADEMY, LLC 390 BETHESDA CHURCH ROAD LAWRENCEVILLE, GA 30044	26-2600100	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
BRIGHT FUTURES ATLANTA 64 EDWIN PLACE, NW ATLANTA, GA 30318	43-1988942	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
CHILDREN'S DEVELOPMENT ACADEMY 89 GROVE WAY ROSWELL, GA 30075	58-1085443	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
HARVEST RAIN EARLY LEARNING ACADEMY - 51 SENOIA RD - FAIRBURN, GA 30213	58-2489584	501(C)(3)	30,000.	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
MAKING A WAY HOUSING 377 WESTCHESTER BLVD NW ATLANTA, GA 30314	16-1644159	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT

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NEXT GENERATION FOCUS, INC. P.O. BOX 402 CUMMING, GA 30028	41-2264512	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
RAINBOW VILLAGE, INC. 3427 DULUTH HIGHWAY 120 DULUTH, GA 30096-3354	58-2181183	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
SKIP GEORGIA CHAPTER INC 2295 PARKLAKE DRIVE ATLANTA, GA 30345	83-0517838	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
WEST ATLANTA COMMUNITY OUTREACH P.O. BOX 92760 ATLANTA, GA 30314	84-3099429	501(C)(3)	30,000.	0.			COMMUNITY BENEFIT
THE YOUNG ENTREPRENEURS OF ATL FOUNDATIONS - 4635 MOSSEY DRIVE - LITHONIA, GA 30038	46-1263563	501(C)(3)	29,000.	0.			COMMUNITY BENEFIT
GILGAL, INC. 553 MOBILE AVE. ATLANTA, GA 30315	41-2176125	501(C)(3)	28,950.	0.			COMMUNITY BENEFIT
STEP BY STEP RECOVERY 119 WILSON COURT LAWRENCEVILLE, GA 30046	20-2822343	501(C)(3)	28,740.	0.			COMMUNITY BENEFIT
AMANI WOMEN CENTER 3550 CLARKSTON INDUSTRIAL BLVD CLARKSTON, GA 30021	20-8795120	501(C)(3)	28,500.	0.			COMMUNITY BENEFIT
FACTOR FAYETTE FAMILY CONNECTION P.O. BOX 142518 FAYETTEVILLE, GA 30214	20-2994240	501(C)(3)	28,000.	0.			COMMUNITY BENEFIT

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FAMILY LIFE RESTORATION CENTER, INC. - 6105 MABLETON PARKWAY - MABLETON, GA 30126	75-2995341	501(C)(3)	27,250.	0.			COMMUNITY BENEFIT
I CARE ATLANTA 5879 NEW PEACHTREE RD DORAVILLE, GA 30340	26-2729352	501(C)(3)	27,000.	0.			COMMUNITY BENEFIT
MENTAL HEALTH AMERICA OF GEORGIA 2250 N DRUID HILLS RD NE ATLANTA, GA 30329	58-0611310	501(C)(3)	27,000.	0.			COMMUNITY BENEFIT
DIABETES ASSOCIATION OF ATLANTA, INC. - 75 MARIETTA ST NW - ATLANTA, GA 30303	58-0975055	501(C)(3)	26,000.	0.			COMMUNITY BENEFIT
GWINNETT COALITION FOR HEALTH AND 750 S PERRY ST LAWRENCEVILLE, GA 30046	58-1925667	501(C)(3)	26,000.	0.			COMMUNITY BENEFIT
HEALTHY MOTHERS HEALTHY BABIES COALITION - 2300 HENDERSON MILL ROAD NE - ATLANTA, GA 30345	58-1440585	501(C)(3)	25,525.	0.			COMMUNITY BENEFIT
7 BRIDGES TO RECOVERY 2840 PLANT ATKINSON RD SE ATLANTA, GA 30339	20-5761197	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
BETHANY CHRISTIAN SERVICES 6645 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	31-1284895	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

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BLACK MAN LAB FOUNDATION 4153C FLAT SHOALS KARKWAY DECATUR, GA 30034	84-4788993	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CALVARY BAPTIST CHURCH 1599 BETTY TALMADGE AVE JONESBORO, GA 30326	65-1288361	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CARRIE STEELE PITTS HOME, INC. 667 FAIRBURN RD. N.W. ATLANTA, GA 30331	58-0607078	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
CONNECTING HENRY INC 66 VETERANS DRIVE MCDONOUGH, GA 30253	20-1249256	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
FEMINIST WOMEN'S HEALTH CENTER 1924 CLIFF VALLEY WAY NE ATLANTA, GA 30329	58-1273243	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GRADY MEMORIAL HOSPITAL 50 HURT PLAZA ATLANTA, GA 30303	26-2037695	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
GWINNETT HOUSING CORPORATION 502 GLENN EDGE DRIVE LAWRENCEVILLE, GA 30046	58-2338247	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
INTERFAITH YOUTH CORE 141 W. JACKSON BLVD CHICAGO, IL 60604	30-0212534	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
M.E.N.S WEAR INC 364 W BANKHEAD HWY VILLA RICA, GA 30180	20-0949321	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

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MELANATED PEARL CORPORATION 11071 PANHANDLE ROAD HAMPTON, GA 30228	83-3021845	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
PROJECT RENEWAL P.O. BOX 1205 CONYERS, GA 30012	58-2397407	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
RAINBOW PARK BAPTIST CHURCH 2941 COLUMBIA DRIVE DECATUR, GA 30034	58-0639810	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
REFLECTIONS OF TRINITY 4037 AUSTELL POWDER SPRINGS RD POWDER SPRINGS, GA 30127	26-1871591	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
SAINT PHILIP COMMUNITY DEVELOPMENT CORP INC - 240 CANDLER RD, SE - ATLANTA, GA 30317	58-2396675	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
SECOND HELPINGS ATLANTA INC. P.O. BOX 720582 ATLANTA, GA 30358	45-3631347	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
SHARE HOUSE INC. P.O. BOX 723 DOUGLASVILLE, GA 30133	58-1911431	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
ST VINCENT DE PAUL SOCIETY - ATL 2050 CHAMBLEE TUCKER ROAD ATLANTA, GA 30341	58-0967972	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
STILL WATERS LEARNING CENTER, INC. 1560 OAKBROOK DR NORCROSS, GA 30093	26-3921540	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT

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SUGARLOAF KOREAN BAPTIST CHURCH 1664 OLD PEACHTREE RD SUWANEE, GA 30024	58-1609282	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
THE GREENLIGHT FUND 200 CLARENDON STREET BOSTON, MA 02116	20-0407083	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
VOX TEEN COMMUNICATIONS, INC. 229 PEACHTREE ST. NE ATLANTA, GA 30303	58-2107143	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
YOUNG STARS OF AMERICA, INC. 2732 LAWRENCEVILLE HWY DECATUR, GA 30033	46-2941394	501(C)(3)	25,000.	0.			COMMUNITY BENEFIT
FRIENDS OF ATLANTA URBAN FOOD FORREST - 2107 FORREST PARK RD SE - ATLANTA, GA 30315	84-3989934	501(C)(3)	23,000.	0.			COMMUNITY BENEFIT
MARIETTA SCHOOLS FOUNDATION - 144 POLK STREET NW MARIETTA, GA 30064	58-1524893	501(C)(3)	22,625.	0.			COMMUNITY BENEFIT
BLACK YOUTH PROJECT 100 P.O. BOX 15254 CHICAGO, IL 60615	47-4435527	501(C)(3)	22,500.	0.			COMMUNITY BENEFIT
EVERYBODY WINS! ATLANTA 2221 PEACHTREE RD. STE -D 459 ATLANTA, GA 30309	58-2332030	501(C)(3)	22,000.	0.			COMMUNITY BENEFIT
S.E.E.K FOUNDATION, INC. 990 BISCAYNE BLVD MIAMI, FL 33132	46-1652355	501(C)(3)	22,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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ALLEN TEMPLE A.M.E. CHURCH 1625 JOSEPH E. BOONE BLVD NW ATLANTA, GA 30314	38-3924306	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
ANITA LANE MINISTRIES INC 937 SUMS ST SW ATLANTA, GA 30310	26-3156728	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
BUTTS COUNTY SCHOOL 181 N. MULBERRY STREET JACKSON, GA 30233	58-1854480	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
CAMINAR LATINO INC. P.O. BOX 48623 DORAVILLE, GA 30084	83-0378198	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
COVENANT HOUSE GEORGIA, INC. P.O. BOX 94465 ATLANTA, GA 30377	13-3523561	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
DEKALB INITIATIVE FOR CHILDREN & FAMILIES, INC. - 4380 MEMORIAL DRIVE - DECATUR, GA 30032	03-0481093	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
HISTORIC WESTSIDE GARDENS ATL 396 ELM STREET NW ATLANTA, GA 30314	46-5226497	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
NANA GRANTS INC 4994 LOWER ROSWELL RD MARIETTA, GA 30068	81-4626337	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
PREVENT CHILD ABUSE ROCKDALE (FORME - P.O. BOX 81025 - CONYERS, GA 30013	58-1953388	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC BROADCASTING ATLANTA 740 BISMARCK RD. NE ATLANTA, GA 30324	58-1403702	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
R2ISE, INC. 675 METROPOLITAN PARKWAY SE ATLANTA, GA 30310	82-4647512	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
RAINBOW HOUSE 879 BATTLE CREEK RD. JONESBORO, GA 30236	58-1836963	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
THE SCHOLARSHIP ACADEMY 215 LAKEWOOD WAY ATLANTA, GA 30315	20-3721836	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST ATLANTA, GA 30303	02-0678823	501(C)(3)	20,000.	0.			COMMUNITY BENEFIT
EAST ATLANTA KIDS CLUB INC. 602 BROWNWOOD AVE. SE ATLANTA, GA 30316	91-2130691	501(C)(3)	18,000.	0.			COMMUNITY BENEFIT
3D GIRLS INCORPORATED P.O. BOX 10924 ATLANTA, GA 30310	45-5319886	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
LEAP YEAR INC. 229 PEACHTREE STREET NE ATLANTA, GA 30303	81-1224809	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT
RYAN CAMERON FOUNDATION INC P.O. BOX 550469 ATLANTA, GA 30355	05-0529934	501(C)(3)	17,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HEALTH CENTER OF GWINNETT - 5949 BUFORD HWY - NORCROSS, GA 30071	27-0080400	501(C)(3)	17,000.	0.			COMMUNITY BENEFIT
SOUTH DEKALB IMPROVEMENT ASSOCIATION - P.O. BOX 360150 - DECATUR, GA 30036	46-3503740	501(C)(3)	17,000.	0.			COMMUNITY BENEFIT
HAVEN OF LIGHT INT'L, INC 863 FLAT SHOALS RD SE, C 244 CONYERS, GA 30094	46-2620244	501(C)(3)	16,800.	0.			COMMUNITY BENEFIT
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	13-3600232	501(C)(3)	16,550.	0.			COMMUNITY BENEFIT
BOYS & GIRLS CLUB OF NORTH GEORGIA 101 FREEDOM WAY JASPER, GA 30143	20-2957153	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
CENTRAL OUTREACH & ADVOCACY CENTER 201 WASHINGTON STREET SW ATLANTA, GA 30303	58-2255636	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
CHRIST THE RESTORER MINISTRY INC 958 ROCKBRIDGE RD NORCROSS, GA 30093	47-4839847	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
ENABLE OF GEORGIA, INC. (DBA INCOMMUNITY FOUNDATION) - 1200 OLD ELLIS ROAD - ROSWELL, GA 30076	58-1968100	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
FOUR CORNERS GROUP INC 1425 RIDENOUR BLVD NW #6103 KENNESAW, GA 30152	46-5033563	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA MOUNTAINS YMCA 2455 YMCA DR GAINESVILLE, GA 30501	58-2203268	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA ATLANTA, GA 30303	26-3695851	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
HOPE FOR YOUTH INC. P.O. BOX 89247 ATLANTA, GA 31112	82-2881480	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
HOPEBOUND MENTAL HEALTH 1119 SOUTH CANDLER STREET DECATUR, GA 30030	84-4008940	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
HOUSE OF DAWN 298 SOUTH MAIN STREET JONESBORO, GA 30236	58-2534495	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
MUSEUM OF DESIGN ATLANTA 1315 PEACHTREE ST NE ATLANTA, GA 30309	58-1829492	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
PARENTS PROSPER INC 12165 FLANNERY LANE HAMPTON, GA 30228	83-2256080	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
PROFESSIONAL FAMILY CHILD CARE ALLIANCE - P.O. BOX 191754 - ATLANTA, GA 31119	45-3936090	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
STUDY HALL 1010 CREW STREET ATLANTA, GA 30315	58-1830316	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST END FAMILY LIFE AND COMMUNITY 1191 DONNELLY AVE SW ATLANTA, GA 30310	32-0371712	501(C)(3)	15,000.	0.			COMMUNITY BENEFIT
EXTRAORDINARY LIFE COMMUNITY CHURCH - 439 EDGEWOOD AVE SE - ATLANTA, GA 30312	27-0679643	501(C)(3)	14,250.	0.			COMMUNITY BENEFIT
GRADY EMS COVID19 P.O, 934313 ATLANTA, GA 31193-4313	58-2130437	501(C)(3)	14,175.	0.			COMMUNITY BENEFIT
GENERATION STEM INC (DBA ENGINEERING FOR KIDS) - 7144 SILVER MINE XING - AUSTELL, GA 30168	46-2821166	501(C)(3)	14,000.	0.			COMMUNITY BENEFIT
GEORGIA ASYLUM & IMMIGRATION NETWORK - 229 PEACHTREE ST NE - ATLANTA, GA 30303	26-1733523	501(C)(3)	14,000.	0.			COMMUNITY BENEFIT
FEEDING GA FAMILIES 2514 W POINT AVE ATLANTA, GA 30337	81-4028052	501(C)(3)	13,000.	0.			COMMUNITY BENEFIT
PARADISE ATLANTA WESTSIDE ENRICHMENT CENTER, INC. - P.O. BOX 20468 - ATLANTA, GA 30325-0468	47-1168129	501(C)(3)	13,000.	0.			COMMUNITY BENEFIT
WE LOVE BUHI, INC. 130 SADDLE CREEKT COURT ROSWELL, GA 30076	82-2154696	501(C)(3)	13,000.	0.			COMMUNITY BENEFIT
FAMILIES OF CHILDREN UNDER STRESS (FOCUS) - 3825 PRESIDENTIAL PKWY - ATLANTA, GA 30340	58-1577602	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
INTEGRATED RESOURCES FOR EDUCATING 304 LAGUNA SECA LANE ROUND ROCK, TX 78664	47-3142874	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
PALM HOUSE RECOVERY CENTERS 610 OGLETHORPE AVE. ATHENS, GA 30606	20-3743552	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
VISIONFUL COMMUNITIES, INC. 1720 MARS HILL RD NW #8-389 ACWORTH, GA 30101	81-3315949	501(C)(3)	12,500.	0.			COMMUNITY BENEFIT
THE NETT CHURCH 675 PLEASANT HILL ROAD LILBURN, GA 30047	27-0013762	501(C)(3)	12,000.	0.			COMMUNITY BENEFIT
TOCO HILLS COMMUNITY ALLIANCE 1790 LAVISTA RD NE ATLANTA, GA 30329-3604	80-0037942	501(C)(3)	12,000.	0.			COMMUNITY BENEFIT
50CAN, INC. (DBA GEORGIACAN) 1625 K STREET NW WASHINGTON, DC 20006	27-3069592	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ASSURE ELDER CARE 2245 DILLARD STREET TUCKER, GA 30084	84-3729655	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
AUDITORY VERBAL CENTER, INC. 1901 CENTURY BLVD NE ATLANTA, GA 30345	58-1305600	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C LIFE'S FULFILLMENT, INC. 1285 BAYWOOD GLEN LITHONIA, GA 30058	46-1317675	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CALVARY REFUGE CENTER 4265 THURMOND RD FOREST PARK, GA 30297	58-2121508	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CHEROKEE FOCUS P.O. BOX 1191 HOLLY SPRINGS, GA 30142	45-0466319	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CLARKSTON COMMUNITY HEALTH INC 3700 MARKET STREET CLARKSTON, GA 30021	46-1402143	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
COLLEGE CLINIC 585 MCWILLIAMS ROAD SE ATLANTA, GA 30315	30-0209383	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
COMMUNITY FARMERS MARKETS 1039 GRANT STREET ATLANTA, GA 30315	27-5262520	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CONCRETE JUNGLE 124 ESTORIA STREET ATLANTA, GA 30316	90-0730229	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
DULUTH COOPERATIVE MINISTRY 3395 FOX STREET DULUTH, GA 30096	58-2061640	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
ELAINE CLARK CENTER FOR EXEPTIONAL CHILDREN - 5130 PEACHTREE INDUSTRIAL BLVD - CHAMBLEE, GA 30341	58-1079411	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY - 4282 MEMORIAL DRIVE - DECATUR, GA 30032	20-1060068	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
INTERACTIVE NEIGHBORHOOD FOR KIDS, INC. - 999 CHESTNUT STREET SE #11 - GAINESVILLE, GA 30501	75-3077646	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
KENNESAW DREAM FOUNDATION, INC. P.O. BOX 213 KENNESAW, GA 30156	99-0371761	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
MAYNARD JACKSON YOUTH FOUNDATION 1760 PEACHTREE ST ATLANTA, GA 30309	58-1884897	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
MEALS BY GRACE 432 A CANTON RD CUMMING, GA 30040	46-2706835	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
NATIONAL COALITION OF 100 BLACK WOMEN - P.O. BOX 870584 - STONE MOUNTAIN, GA 30087	20-5247273	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE ATLANTA, GA 30345	30-0130066	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
NOBIS WORKS INC. 1480 BELLS FERRY ROAD MARIETTA, GA 30066	58-1290439	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
NSORO FOUNDATION 2500 CUMBERLAND PKWY ATLANTA, GA 30339	87-0758361	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POETIC SERVICES, INC. 85 KIRKLAND CT COVINGTON, GA 30016	83-3409490	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
REAPING THE HARVEST OUTREACH MINISTRIES INC - 100 HENDRICKS DR - MCDONOUGH, GA 30253	27-4486071	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
STAR HOUSE FOUNDATION 890 - F ATLANTA ST, ROSWELL, GA 30075	58-2356133	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
THE SMART FOUNDATION 7395 AMHURST TERRACE ATLANTA, GA 30349	84-2553285	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
TRUANCY INTERVENTION PROJECT GEORGIA INC - 395 PRYOR STREET - ATLANTA, GA 30312	58-2096728	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
WYLDE CENTER, INC. 435 OAKVIEW RD DECATUR, GA 30030	58-2339007	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
CARE SOLUTIONS, INC. 1117 PERIMETER CTR. WEST ATLANTA, GA 30338-5443	58-1909897	501(C)(3)	9,900.	0.			COMMUNITY BENEFIT
TRINITY COMMUNITY MINISTRIES 21 BELL STREET NE ATLANTA, GA 30303	58-1804368	501(C)(3)	9,600.	0.			COMMUNITY BENEFIT
GREATER WORKS SOCIAL SERVICES INC. 2566 SHALLOWFORD RD. ATLANTA, GA 30345	83-0569093	501(C)(3)	9,363.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAY TO LEARN CONSULTING, INC. 6356 WILMINGTON WAY FLOWERY BRANCH, GA 30542	11-3747747	501(C)(3)	9,150.	0.			COMMUNITY BENEFIT
HOPE, INC. P.O. BOX 3166 DULUTH, GA 30096	27-1370074	501(C)(3)	9,000.	0.			COMMUNITY BENEFIT
MULTI-AGENCY ALLIANCE FOR CHILDREN INC. - 225 PEACHTREE ST. NE - ATLANTA, GA 30303	58-2374925	501(C)(3)	9,000.	0.			COMMUNITY BENEFIT
ONE TALENT INC. 3707 MAIN STREET COLLEGE PARK, GA 30337	26-3598608	501(C)(3)	9,000.	0.			COMMUNITY BENEFIT
PROJECT ADAM COMMUNITY ASSISTANCE CENTER - 112 LANTHIER STREET - WINDER, GA 30680	58-1466371	501(C)(3)	8,961.	0.			COMMUNITY BENEFIT
COMMUNITY CONCERNS INC. 276 DECATUR STREET ATLANTA, GA 30312	58-1811114	501(C)(3)	8,784.	0.			COMMUNITY BENEFIT
LOVING ARMS CANCER OUTREACH, INC. 995 ROSWELL ST NE STE 100 MARIETTA, GA 30060	45-0753116	501(C)(3)	8,000.	0.			COMMUNITY BENEFIT
MERCY SEED RESOURCE CENTER, INC. 4000 FIVE FORKS TRICKUM ROAD LILBURN, GA 30047	81-2187956	501(C)(3)	8,000.	0.			COMMUNITY BENEFIT
TOGETHER FRIENDS ORGANIZATION INC. 1215 MILLWOO DRIVE RIVERDALE, GA 30296	38-2499298	501(C)(3)	8,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF NEWROCK, INC. P.O. BOX 81551 CONYERS, GA 30013	27-1444607	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
WOMEN'S RESOURCE CENTER PO BOX 171 DECATUR, GA 30031	58-1698233	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT
GEORGIA SUPPORTIVE HOUSING ASSOCIATION - P.O. BOX 2542 - ROSWELL, GA 30077-2542	27-1111452	501(C)(3)	7,200.	0.			COMMUNITY BENEFIT
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
HOMESTEAD WOMEN'S RECOVERY INC. 3123 ALEC MOUNTAIN RD. CLARKESVILLE, GA 30523	27-2552087	501(C)(3)	6,980.	0.			COMMUNITY BENEFIT
FAMILY PROMISE OF HALL COUNTY 3606 MCEVER RD. OAKWOOD, GA 30566	27-5544034	501(C)(3)	6,750.	0.			COMMUNITY BENEFIT
COMMUNITIES IN SCHOOLS OF DOUGLAS COUNTY INC - P.O. BOX 1077 - DOUGLASVILLE, GA 30133	75-3232668	501(C)(3)	6,250.	0.			COMMUNITY BENEFIT
HELPING HANDS FOR THE DEAF INC 500 CONCORD TERRACE MCDONOUGH, GA 30253	46-3298473	501(C)(3)	6,000.	0.			COMMUNITY BENEFIT
JESUS SET THE CAPTIVE FREE PO BOX 91754 EAST POINT, GA 30364	02-0634502	501(C)(3)	6,000.	0.			COMMUNITY BENEFIT

Schedule I (Form 990)

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
HOUSING ASSISTANCE	8849	25,319,351.	0.		

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

PART I, LINE 2:

UNITED WAY OF GREATER ATLANTA DISTRIBUTES PROGRAMMATIC FUNDS THROUGH THE CHILD WELL-BEING IMPACT FUND, GOVERNMENT GRANTS, AND SPECIFIC SHORT-TERM GOAL ORIENTED PHILANTHROPIC GRANTS. TO MONITOR THE CHILD WELL-BEING IMPACT FUND, NON-PROFITS ("GRANTEES") MUST ADHERE TO UNITED WAY MINIMUM REPORTING REQUIREMENTS AT MID POINT AND 30- 60 DAYS AFTER THE END OF THE GRANT TERM. 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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	414,438.	0.	54,755.	46,083.	18,393.	533,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM PAKENHAM CHIEF OPERATING OFFICER	(i)	333,424.	0.	24,727.	14,127.	717.	372,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	(i)	181,347.	0.	19,013.	58,996.	30,762.	290,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	(i)	199,595.	0.	13,967.	2,034.	28,226.	243,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i)	149,325.	0.	12,385.	48,642.	30,769.	241,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	183,833.	0.	32,398.	7,909.	305.	224,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	(i)	109,875.	0.	31,567.	36,750.	30,137.	208,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CLAIRE BURKE CONTROLLER	(i)	128,017.	0.	10,357.	24,006.	33,214.	195,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NATALIE EVANS VICE PRESIDENT, ANALYTICS AND INSIGH	(i)	112,661.	0.	18,898.	25,636.	29,920.	187,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAUREN BROOKS VICE PRESIDENT, WORKFORCE CAMPAIGN	(i)	129,727.	0.	3,627.	11,116.	27,606.	172,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JEFFERY ESOLA VP, CORPORATE RELATIONS	(i)	124,953.	0.	19,890.	7,964.	11,655.	164,462.	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.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	5,008,400.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	5,810,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	110,000.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	5,700,000.									
12 Other unspent proceeds										
13 Year of substantial completion	1999									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
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 government00	%			%		%
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 government00	%			%		%
6 Total of lines 4 and 500	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF 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				
5 Clothing and household goods	X		55,821.	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	600	6,542.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TOYS</u>)	X	727,814	7,663,881.	FAIR MARKET VALUE
26 Other ▶ (<u>MARTA TICKETS</u>)	X	40,000	192,000.	FAIR MARKET VALUE
27 Other ▶ (<u>HALLMARK VALE</u>)	X	4,500	30,459.	FAIR MARKET VALUE
28 Other ▶ ()				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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

SUSTAINABLE AND EQUITABLE IMPROVEMENTS IN THE WELL-BEING OF CHILDREN,

FAMILIES, AND INDIVIDUAL IN THE COMMUNITY. FOR INDIVIDUALS AND

ORGANIZATIONS THAT WANT TO HELP IMPROVE THE HEALTH OF THEIR COMMUNITY,

UNITED WAY IS THE PLATFORM THAT ENABLES INDIVIDUALS, GROUPS AND

COMPANIES TO MAKE A DIFFERENCE INDIVIDUALLY AND COLLECTIVELY IN

WHATEVER WAY THEY WISH TO CONTRIBUTE THEIR TIME, TALENT AND TREASURE.

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

IN CONJUNCTION WITH THE CITY OF ATLANTA, UNITED WAY OF GREATER ATLANTA

DISTRIBUTED FUNDS FROM THE CARES ACT TO HELP THOSE WITH EMERGENCY

RENTAL ASSISTANCE NEEDS. UNITED WAY OF GREATER ATLANTA ALSO CONTINUED

ITS PARTNERSHIP WITH THE COMMUNITY FOUNDATION OF GREATER ATLANTA, TO

PROVIDE IMMEDIATE SUPPORT TO THOSE MOST VULNERABLE TO THE ECONOMIC AND

HEALTH-RELATED ISSUES CAUSED BY THE NOVEL CORONAVIRUS PANDEMIC VIA THE

UNITED WAY OF GREATER ATLANTA COVID-19 RESPONSE AND RECOVERY FUND.

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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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 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 \$ 3,434,393. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,249,153.

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

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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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	1,695,809.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 24/7 GATEWAY CENTER	B	2,947,881.	EXPENSE INCURRED
(2)			
(3)			
(4)			
(5)			
(6)			

