

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)

# 2021

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER ATLANTA, INC</b>		<b>D</b> Employer identification number <b>58-0566194</b>
	Doing business as		<b>E</b> Telephone number <b>404-527-7200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>40 COURTLAND STREET</b>		<b>G</b> Gross receipts \$ <b>168,472,995.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30303</b>		
<b>F</b> Name and address of principal officer: <b>KRISTEN MCCOLLUM</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.UNITEDWAYATLANTA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1972** **M** State of legal domicile: **GA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>44</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>219</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3800</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>482,594.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>124,172,021.</b>	<b>147,366,210.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,360,912.</b>	<b>5,367,340.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,560,164.</b>	<b>77,263.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,319.</b>	<b>-193,429.</b>
		<b>129,114,416.</b>	<b>152,617,384.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>88,577,520.</b>	<b>104,475,249.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>19,027,525.</b>	<b>22,451,379.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,890,358.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,320,934.</b>	<b>13,384,575.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>120,925,979.</b>	<b>140,311,203.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,188,437.</b>	<b>12,306,181.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>111,775,589.</b>	<b>124,788,499.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>24,798,574.</b>	<b>29,224,330.</b>
		<b>86,977,015.</b>	<b>95,564,169.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	<b>5/15/23</b>	
	<b>KRISTEN MCCOLLUM, CFO</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Preparer's signature <i>Amanda Adams</i>	Date 2023.05.11 14:27:26 +05'30'
	Firm's name ▶ <b>CHERRY BEKAERT ADVISORY LLC</b>	Firm's EIN ▶ <b>88-2730877</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00748038</b>
	Firm's address ▶ <b>1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309</b>	Phone no. <b>404-209-0954</b>	

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

Part III Statement of Program Service Accomplishments

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

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

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? [X] Yes [ ] 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 \$ 4,818,638. including grants of \$ 4,818,638. ) (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 TOWARD PROGRAMS DELIVERED BY PARTNER NONPROFITS WITH PROVEN EFFECTIVENESS IN CREATING MEASURABLE AND

4b (Code: ) (Expenses \$ 18,316,937. including grants of \$ 12,128,148. ) (Revenue \$ 108,652. ) 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 ADDRESS EVERYDAY CHALLENGES OF LIVING, AS WELL AS THOSE THAT DEVELOP DURING TIMES OF

4c (Code: ) (Expenses \$ 100,775,334. including grants of \$ 87,528,463. ) (Revenue \$ 2,699,377. ) 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 ALL POTENTIAL SOLUTIONS THAT HELP US MOVE THE NEEDLE EVIDENCE BASED STRATEGIES, INNOVATIVE PROGRAMS, POLICIES,

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,557,258. including grants of \$ ) (Revenue \$ 2,076,717. )

4e Total program service expenses 127,468,167.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 44	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KRISTEN L. MCCOLLUM - 404-527-7200**  
**40 COURTLAND STREET, ATLANTA, GA 30303**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILTON LITTLE, JR. CHIEF EXECUTIVE OFFICER	40.00 0.00			X				511,030.	0.	27,147.
(2) TIM PAKENHAM CHIEF OPERATING OFFICER	40.00 0.00			X				386,726.	0.	18,271.
(3) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			226,064.	0.	42,924.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00 0.00				X			231,302.	0.	8,362.
(5) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	40.00 0.00			X				219,557.	0.	3,126.
(6) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00 0.00				X			175,129.	0.	37,741.
(7) NATALIE EVANS VP DATA ANALYTICS	40.00 0.00				X			162,580.	0.	26,736.
(8) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	40.00 0.00					X		148,644.	0.	27,094.
(9) LAUREN BROOKS VP, CORPORATE RELATIONS	40.00 0.00					X		149,545.	0.	22,015.
(10) CLAIRE BURKE CONTROLLER	40.00 0.00			X				145,386.	0.	22,459.
(11) ORINZAL WILLIAMS EXECUTIVE DIRECTOR OF INFORMATION	40.00 0.00					X		130,660.	0.	28,310.
(12) DENNIS LONG ASST VP OF DEVELOPMENT	40.00 0.00					X		126,460.	0.	23,669.
(13) JOHN HELTON EXECUTIVE DIRECTOR, INFORMATION	40.00 0.00					X		127,917.	0.	20,969.
(14) RAPHAEL BOSTIC BOARD CHAIR	0.50 0.00	X						0.	0.	0.
(15) ERIK BRYANT AUDIT CHAIR	0.50 0.00	X						0.	0.	0.
(16) MARY BENTON COMMUNITY INVESTMENT CHAIR	0.50 0.00	X						0.	0.	0.
(17) ANGEL MALDONADO COMMUNITY INVESTMENT CHAIR	0.50 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BELISA URBINA AGENCY LIAISON	0.50 0.00	X						0.	0.	0.
(19) JAMES WILLIAMS LABOR LIAISON	0.50 0.00	X						0.	0.	0.
(20) AMY CORN DEVELOPMENT COMMITTEE CHAIR	0.50 0.00	X						0.	0.	0.
(21) MATTHEW GROSVENOR FINANCE & PROPERTY EXECUTIVE CHAIR	0.50 0.00	X						0.	0.	0.
(22) ROBERT "HUNTER" KIRKMAN MARKETING & COMMUNICATIONS CHAIR	0.50 0.00	X						0.	0.	0.
(23) CHRIS PECK HUMAN CAPITAL COMMITTEE CHAIR	0.50 0.00	X						0.	0.	0.
(24) KEVIN KELLY IMMED PAST PRESIDENT/GOVER	0.50 0.00	X						0.	0.	0.
(25) KATINA ASBELL AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(26) CHLOE BARZEY AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,741,000.	0.	308,823.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,741,000.	0.	308,823.

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 **25**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	800,571.
VOICES FOR GA'S CHILDREN, 75 MARIETTA ST., NW. SUITE 401, ATLANTA, GA 30303	CONSULTING	215,250.
CHERRY BEKAERT LLP, 1075 PEACHTREE ST NE STE 2200, ATLANTA, GA 30309	ACCOUNTING	144,595.
KINETIC WEST 111 S JACKSON ST, SEATTLE, WA 98104	CONSULTING	141,250.
ENDURANCE PROJECT MANAGEMENT LLC 1896 BREWER BLVD SW, ATLANTA, GA 30310	CONSULTING	124,785.

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 **6**

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) KAMAU BOBB AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(28) VERONICA CAPUTO AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(29) PETER CARTER AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(30) SARAH CLAMP AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(31) JESSICA CORLEY AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(32) JONATHAN FOWLER AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(33) STEPHANIE GLOSTER AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(34) DEREK GOSHAY AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(35) ALOK GUPTA AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(36) LISA HERRING AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(37) KARAN ISHWAR AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(38) JAMIE KLINNERT AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(39) KATE KOPLAN, MD AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(40) JAMES "JIMMY" LOVE AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(41) MAURICE MAXIE AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(42) FELICIA MCDADE AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(43) JAMES PIROUZ AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(44) CONDACE PRESSLEY AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(45) BRIAN SAPPINGTON AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
(46) SCOTT STEARSMAN AT LARGE DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Tracy Techau, Will Williams, William "Bill" Cheeks, James "Terry" Keisler, Jason McLarry, Ovie Mughelli, Stephen R Scherger, Chris Sizemore, Calvin Ward, and Leigh Woisard.

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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	606,441.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	36,966,322.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	109,793,447.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 12,861,488.				
	<b>h Total.</b> Add lines 1a-1f			147366210.			
Program Service Revenue	<b>2 a</b> BUILDING INCOME	<b>Business Code</b>	532000	2,559,311.	2,076,717.	482,594.	
	<b>b</b> PROCESSING & FUNDRAISING FEES		900999	661,349.	661,349.		
	<b>c</b> OTHER NON-CAMPAIGN REVENUE		900999	152,222.	152,222.		
	<b>d</b> 211 PROGRAM FEES		900999	108,652.	108,652.		
	<b>e</b>						
	<b>f</b> All other program service revenue		900099	1,885,806.	1,885,806.		
	<b>g Total.</b> Add lines 2a-2f			5,367,340.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			465,045.		465,045.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	15,180,000.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	15,567,782.				
<b>c</b> Gain or (loss)	<b>7c</b>	-387,782.					
<b>d</b> Net gain or (loss)			-387,782.		-387,782.		
<b>8 a</b> Gross income from fundraising events (not including \$ 606,441. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		94,400.				
<b>b</b> Less: direct expenses	<b>8b</b>	287,829.					
<b>c</b> Net income or (loss) from fundraising events			-193,429.		-193,429.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			152617384.	4,884,746.	482,594.	-116,166.	

**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	82,734,033.	82,734,033.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,741,216.	21,741,216.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,346,009.	220,215.	1,617,142.	508,652.
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	16,099,992.	11,139,546.	1,069,167.	3,891,279.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	984,582.	521,365.	132,964.	330,253.
9 Other employee benefits	2,027,671.	1,009,932.	329,910.	687,829.
10 Payroll taxes	993,125.	498,352.	219,842.	274,931.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	120,520.		120,520.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	70,499.		70,499.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,579,611.	3,392,734.	124,991.	61,886.
12 Advertising and promotion	305,533.	14,444.	199,794.	91,295.
13 Office expenses	2,889,849.	1,448,067.	958,940.	482,842.
14 Information technology				
15 Royalties				
16 Occupancy	2,089,175.	1,610,723.	243,547.	234,905.
17 Travel	15,287.	5,904.	2,842.	6,541.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	270,641.	209,331.	26,813.	34,497.
20 Interest	17,224.	18,091.	-867.	
21 Payments to affiliates	821,805.	243,916.	577,889.	
22 Depreciation, depletion, and amortization	1,355,663.	1,175,962.	179,701.	
23 Insurance				
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 <b>COST OF FOOD</b>	265,574.	265,574.		
b				
c				
d				
e All other expenses	1,583,194.	1,218,762.	78,984.	285,448.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>140,311,203.</b>	<b>127,468,167.</b>	<b>5,952,678.</b>	<b>6,890,358.</b>
<b>26 Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	16,768,961.	<b>1</b>	24,385,828.	
	<b>2</b> Savings and temporary cash investments .....	18,993,989.	<b>2</b>	21,513,429.	
	<b>3</b> Pledges and grants receivable, net .....	18,656,797.	<b>3</b>	30,354,791.	
	<b>4</b> Accounts receivable, net .....	5,500,316.	<b>4</b>	945,644.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	102,770.	<b>9</b>	689,021.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,046,594.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,428,430.	9,457,041.	<b>10c</b>	8,618,164.
	<b>11</b> Investments - publicly traded securities .....	40,520,049.	<b>11</b>	36,727,243.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,775,666.	<b>15</b>	1,554,379.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	111,775,589.	<b>16</b>	124,788,499.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,734,134.	<b>17</b>	18,478,027.	
	<b>18</b> Grants payable .....	1,688,494.	<b>18</b>	1,215,354.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	784,769.	<b>20</b>	291,600.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,591,177.	<b>25</b>	9,239,349.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,798,574.	<b>26</b>	29,224,330.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	46,525,417.	<b>27</b>	44,725,860.	
	<b>28</b> Net assets with donor restrictions .....	40,451,598.	<b>28</b>	50,838,309.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	86,977,015.	<b>32</b>	95,564,169.	
	<b>33</b> Total liabilities and net assets/fund balances .....	111,775,589.	<b>33</b>	124,788,499.	

**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	152,617,384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,311,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,306,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,977,015.
5	Net unrealized gains (losses) on investments	5	-4,045,218.
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	326,191.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	95,564,169.

**Part XII Financial Statements and Reporting**

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

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	106468736	104636875	119342396	124172021	147366210	601986238
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	106468736	104636875	119342396	124172021	147366210	601986238
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						99493448.
<b>6 Public support.</b> Subtract line 5 from line 4.						502492790

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	106468736	104636875	119342396	124172021	147366210	601986238
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	684,212.	955,384.	844,564.	371,991.	465,045.	3321196.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	18,524.					18,524.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						605325958
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	22,485,740.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.01 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	84.61 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>23,356,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>28,421,921.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>4,317,845.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number  <b>58-0566194</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY OF GREATER ATLANTA, INC</b>	Employer identification number  <b>58-0566194</b>
---	---

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

**UNITED WAY OF GREATER ATLANTA, INC**

Employer identification number

**58-0566194**

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA



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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,250.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	86,820.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	92,070.													
<b>d</b>	Other exempt purpose expenditures	140146295.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	140238365.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	55,903.	87,155.	86,282.	92,070.	321,410.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	21,765.	11,465.	5,750.	5,250.	44,230.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**SCHEDULE C PART IV**

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

**Part IV** Supplemental Information *(continued)*

\$750,000 IN DIRECT LOBBYING.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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 regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for line 2(a-d) held at end of tax year, and questions 3-9 regarding 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**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	5,846,000.	4,648,000.	4,671,000.	4,589,000.	4,136,000.
b Contributions	271,000.				143,000.
c Net investment earnings, gains, and losses	-686,000.	1,342,000.	142,000.	285,000.	310,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	164,000.	144,000.	165,000.	203,000.	
f Administrative expenses					
g End of year balance	5,267,000.	5,846,000.	4,648,000.	4,671,000.	4,589,000.

- 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		26,717,033.	23,249,137.	3,467,896.
c Leasehold improvements		822,533.		822,533.
d Equipment		3,939,132.	3,179,293.	759,839.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,618,164.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DONOR DESIGNATED ALLOCATIONS</b>	
(3) <b>PAYABLE</b>	<b>9,239,349.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>9,239,349.</b>

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	132,864,224.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-4,045,218.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	196,800.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	614,020.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,234,398.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	136,098,622.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,762.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	16,506,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	16,518,762.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	152,617,384.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	124,277,070.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	196,800.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	287,829.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	484,629.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	123,792,441.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,762.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	16,506,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	16,518,762.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	140,311,203.

**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, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	287,829.
CHANGE IN LIABILITY FOR PENSION	326,191.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	614,020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	16,506,000.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	287,829.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	16,506,000.
--------------------------	-------------



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN'S LEADERSHIP B (event type)	AFRICAN AMERICAN PAR (event type)	5 (total number)	
Revenue	1	Gross receipts	456,875.	243,966.	700,841.
	2	Less: Contributions	397,125.	209,316.	606,441.
	3	Gross income (line 1 minus line 2)	59,750.	34,650.	94,400.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	145,043.	142,787.	287,830.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			287,830.
11	Net income summary. Subtract line 10 from line 3, column (d)			-193,430.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF ATLANTA, INC 101 JACKSON STREET NE, 2ND FLOOR ATLANTA, GA 30312	58-1721923	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
AATHEART LLC 139 SILVER FOX TRAIL, ATTN: ANGELIN DALLAS, GA 30157	44-1493764	501 (C) (3)	31,309.	0.			GENERAL SUPPORT
ADVOCATES FOR BARTOW'S CHILDREN, INC. - P.O. BOX 446 - CARTERSVILLE, GA 30120	58-1505825	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
AGAPE YOUTH & FAMILY CENTER 2210 MARIETTA BLVD ATLANTA, GA 30318	58-2372950	501 (C) (3)	72,500.	0.			GENERAL SUPPORT
ALBANY AREA YMCA 1701 GILLIONVILLE RD ALBANY, GA 31707	58-0610051	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
ALLIANCE THEATRE 1280 PEACHTREE ST NE ATLANTA, GA 30309	58-0633971	501 (C) (3)	25,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **314.**

**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) 2021

**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
AWANI WOMEN CENTER 3777 CHURCH STREET CLARKSTON, GA 30021	20-8795120	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
AMAZING GRACE MINISTRIES 949 POINT SOUTH PKWY JONESBORO, GA 30238	01-0954243	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS M. A. CHAPTE 1955 MONROE DRIVE NE ATLANTA, GA 30324	53-0196605	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
ANOTHER CHANCE OF ATLANTA, INC. 777 CLEVELAND AVE., SUITE 520 ATLANTA, GA 30315	58-2590035	501 (C) (3)	8,806.	0.			GENERAL SUPPORT
ASSOCIATION OF VILLAGE PRIDE P.O. BOX 142427 FAYETTEVILLE, GA 30214	58-2387685	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
ATLANTA CARES MENTORING 4725 WALTON CROSSING-UNIT 3212 ATLANTA, GA 30331	27-0354245	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ATLANTA JOBS WITH JUSTICE 420 MCDONOUGH BLVD ATLANTA, GA 30315	20-2794280	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
ATLANTA LEGAL AID SOCIETY, INC 54 ELLIS STREET, NE ATLANTA, GA 30303	58-0568691	501 (C) (3)	45,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE RD. SE ATLANTA, GA 30316	58-1242857	501 (C) (3)	34,100.	0.			GENERAL SUPPORT
ATLANTA POLICE ATHLETIC LEAGUE INC 226 PEACHTREE STREET SW ATLANTA, GA 30303	58-1391927	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PKWY N W, ATTN: JENNIFER WOLFORD - ATLANTA, GA 30327	58-0566198	501 (C) (3)	5,143,100.	0.			GENERAL SUPPORT
ATLANTA TECHNICAL COLLEGE 1560 METROPOLITAN PARKWAY SW ATLANTA, GA 30310	58-2582973	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ATLANTA URBAN LEAGUE INC, 230 PEACHTREE STREET NE, STE 2600 ATLANTA, GA 30303	58-0593386	501 (C) (3)	115,507.	0.			GENERAL SUPPORT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE, STE 1750-NORTH TOWER - ATLANTA, GA 30303	58-1364400	501 (C) (3)	236,509.	0.			GENERAL SUPPORT
ATLANTA WEALTH BUILDING INITIATIVE 504 FAIR STREET, SW ATLANTA, GA 30313	46-2239585	501 (C) (3)	16,250.	0.			GENERAL SUPPORT
AUDITORY VERBAL CENTER, INC. 1901 CENTURY BLVD NE, SUITE 20 ATLANTA, GA 30345	58-1305600	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF METRO A 1382 PEACHTREE ST NE ATLANTA, GA 30309	58-0861895	501 (C) (3)	355,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK CHILD DEVELOPMENT INSTITUTE I 2394 MT. VERNON RD. STE 220, ATNN: D ATLANTA, GA 30338	52-1697682	501 (C) (3)	329,200.	0.			GENERAL SUPPORT
BLACK MAN LAB FOUNDATION 4153C FLAT SHOALS KARKWAY DECATUR, GA 30034	84-4788993	501 (C) (3)	60,000.	0.			GENERAL SUPPORT
BLACK VOTERS MATTER FUND 3645 MARKETPLACE BLVD, SUITE 130-20 EAST POINT, GA 30344	81-3625061	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA FLINT RIVER 1361 ZEBULON RD GRIFFIN, GA 30224	22-1576300	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET NE, SUITE 500 - ATLANTA, GA 30309	58-0566123	501 (C) (3)	215,000.	0.			GENERAL SUPPORT
BREAKTHROUGH ATLANTA INC 4075 PACES FERRY RD NW ATLANTA, GA 30327	84-4725498	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
BROWN GIRLS CODE PO BOX 15451 AUGUSTA, GA 30919	83-1827206	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT RD NE ATLANTA, GA 30305	58-1748786	501 (C) (3)	256,468.	0.			GENERAL SUPPORT
CALVARY BAPTIST CHURCH 1599 BETTY TALMADGE AVE JONESBORO, GA 30326	65-1288361	501 (C) (3)	98,913.	0.			GENERAL SUPPORT

Schedule I (Form 990)

UNITED WAY OF GREATER ATLANTA, INC

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
CANOPY ATLANTA 504 E. ONTARIO AVENUE SW ATLANTA, GA 30310	85-0694979	501 (C) (3)	55,500.	0.			GENERAL SUPPORT
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY, STE 205 DECATUR, GA 30033	56-2370081	501 (C) (3)	53,800.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 2401 LAKE PARK DR. SE SMYRNA, GA 30080	58-1097003	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET SW, SUITE 309 ATLANTA, GA 30312	58-2212203	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
CENTER FOR CHILDREN AND YOUNG 2221 AUSTELL ROAD MARIETTA, GA 30008	58-1451180	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
CENTER FOR PAN ASIAN COMMUNITY SERVICES, INC. - 3510 SHALLOWFORD RD NE - ATLANTA, GA 30341	58-1437980	501 (C) (3)	53,250.	0.			GENERAL SUPPORT
CENTER FOR THE VISUALLY IMPAIRED 739 W. PEACHTREE STREET NW ATLANTA, GA 30308	58-1168874	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CHEROKEE FAMILY VIOLENCE CENTER P.O. BOX 489 CANTON, GA 30114	58-1650925	501 (C) (3)	135,000.	0.			GENERAL SUPPORT
CHILDRENS MUSEUM OF ATLANTA 275 CENTENNIAL OLYMPIC PARK DR NW ATLANTA, GA 30313	58-1785484	501 (C) (3)	72,500.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S VOICE CASA INC. 8700 HOSPITAL DR, 3RD FLOOR DOUGLASVILLE, GA 30134	58-2488628	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
CHRIS KIDS INC. - CHRIS TRAINING INSTITUTE - 1017 FAYETTEVILLE ROAD SE, SUITE B - ATLANTA, GA 30126	58-1430183	501 (C) (3)	250,000.	0.			GENERAL SUPPORT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
CLARKSTON COMMUNITY CENTER 3701 COLLEGE AVE CLARKSTON, GA 30021	58-2127610	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
CLARKSTON DEVELOPMENT FOUNDATION P.O. BOX 529 CLARKSTON, GA 30021	27-2014061	501 (C) (3)	165,000.	0.			GENERAL SUPPORT
CLAYTON COUNTY LIBRARY SYSTEM 865 BATTLE CREEK ROAD, ATTN: ROSALIND K. LETT - JONESBORO, GA 30236	43-2091268	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
CLAYTON COUNTY PUBLIC SCHOOL 1058 FIFTH AVENUE, ATTN:CCPS PRINTING SRVCS 2016 - JONESBORO, GA 30236	45-4281815	501 (C) (3)	90,000.	0.			GENERAL SUPPORT
CLOSER LOOK MINISTRIES INC. 1901 MCDONOUGH ROAD HAMPTON, GA 30228	42-1627579	501 (C) (3)	57,500.	0.			GENERAL SUPPORT
COASTAL GEORGIA AREA COMMUNITY ACTION AUTHORITY - P.O. BOX 2016, 1 COMMUNITY ACTION DRIVE - BRUNSWICK, GA 31521	58-0973468	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



<b>Part II</b> 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
COBB COLLABORATIVE INC 940 CONCORD ROAD SMYRNA, GA 30080	58-2278352	501 (C) (3)	252,995.	0.			GENERAL SUPPORT
COBB COMMUNITY FOUNDATION 1100 CIRCLE 75 PKWY, SUITE 1000 ATLANTA, GA 30339	20-5652970	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
COBB WORKS! INC. 463 COMMERCE PARK DR., SUITE 100 MARIETTA, GA 30060	58-2635833	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
COLLEGE ADVISING CORPS 301 W. BARBEE CHAPEL ROAD, SUITE 2 CHAPEL HILL, NC 27517	46-1192687	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
COLQUITT COUNTY EDUCATIONAL FOUNDATION INC - PO BOX 487 - MOULTRIE, GA 31776	85-4027751	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF ATLANTA 260 PEACHTREE ST NW, SUITE 750 ATLANTA, GA 30303	58-1152807	501 (C) (3)	185,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CATOOSA COUNTY - 2 BARNHARDT CIR - FORT OGLETHORPE, GA 30742	58-2437803	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GEOR 260 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30303	58-1912923	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
COMMUNITY ASSISTANCE CENTER, INC PO BOX 501298 ATLANTA, GA 31150	58-1825565	501 (C) (3)	28,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONCERNS INC. 276 DECATUR STREET ATLANTA, GA 30312	58-1811114	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
COMMUNITY FARMERS MARKETS 1039 GRANT STREET, SUITE A-30 ATLANTA, GA 30315	27-5262520	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER ATLANTA - 191 PEACHTREE STREET NE, STE 1000 - ATLANTA, GA 30303	58-1344646	501 (C) (3)	18,750.	0.			GENERAL SUPPORT
COMMUNITY MOVEMENTS BUILDERS INC. 3401 LANTERN VIEW LANE SCOTTDALE, GA 30079	47-4653915	501 (C) (3)	42,500.	0.			GENERAL SUPPORT
COMMUNITY TEEN COALITION 1003 VIRGINIA AVE, STE 212 ATLANTA, GA 30354	26-0593262	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
CONCERNED BLACK CLERGY P.O. BOX 11165 ATLANTA, GA 30310	58-1913451	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CONCRETE JUNGLE 124 ESTORIA STREET ATLANTA, GA 30316	90-0730229	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
COOL GIRLS INC. 315 W PONCE DE LEON, STE 800 DECATUR, GA 30030	58-1958246	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
CORNERS OUTREACH 2 SUN COURT, SUITE 220 PEACHTREE CORNERS, GA 30092	45-5613973	501 (C) (3)	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

## UNITED WAY OF GREATER ATLANTA, INC

## 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
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, STE 2300 NEW YORK, NY 10006	13-3600232	501 (C) (3)	67,485.	0.			GENERAL SUPPORT
COVENANT HOUSE GEORGIA, INC. P.O. BOX 94465 ATLANTA, GA 30377	13-3523561	501 (C) (3)	22,500.	0.			GENERAL SUPPORT
CREATING OUR FUTURE INC 2330 SCENIC HIGHWAY SOUTH SNELLVILLE, GA 30078	82-1839109	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CROSSROADS COMMUNITY MINISTRIES P.O. BOX 55397 ATLANTA, GA 30308	58-2235391	501 (C) (3)	677,661.	0.			GENERAL SUPPORT
DEKALB COUNTY GOVERNMENT (HUMAN SERVICES) - 30 WARREN STREET - ATLANTA, GA 30317	58-6000814	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
DIABETES ASSOCIATION OF ATLANTA, INC. - 75 MARIETTA ST NW, STE 304 - ATLANTA, GA 30303	58-0975055	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
DRAKE HOUSE 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501 (C) (3)	45,000.	0.			GENERAL SUPPORT
E3 LEARNING INC P.O. BOX 80351 CONYERS, GA 30013	84-1783878	501 (C) (3)	21,250.	0.			GENERAL SUPPORT
EARLY LEARNING PROPERTY MANAGEMENT 3715 NORTHSHORE PARKWAY NW, SUITE 3 - ATLANTA, GA 30327	58-2491036	501 (C) (3)	650,000.	0.			GENERAL SUPPORT

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EAST LAKE FOUNDATION 2606 ALSTON DRIVE SE, ATTN: DANNY SHOY-EXECUTIVE DIRECTOR/CEO - ATLANTA, GA	58-2204306	501 (C) (3)	145,000.	0.			GENERAL SUPPORT
EASTER SEALS OF NORTH GEORGIA 815 PARK NORTH BLVD FRNT CLARKSTON, GA 30021-6201	58-1919768	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
ECO-ACTION 250 GEORGIA AVENUE, SE, SUITE 309 ATLANTA, GA 30312	58-1854834	501 (C) (3)	42,500.	0.			GENERAL SUPPORT
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DR GAINESVILLE, GA 30504	58-1643768	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
ELAINE CLARK CENTER FOR EXEPTIONAL CHILDREN - 5130 PEACHTREE INDUSTRIAL BLVD - CHAMBLEE, GA 30341	58-1079411	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
EMPOWERMENT RESOURCE CENTER 230 PEACHTREE STREET NW, SUITE 1800 ATLANTA, GA 30303	56-2587827	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ENDSTATE ATL 931 MONROE DR NE, SUITE 101-552 ATLANTA, GA 30308	81-0976954	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ESSENTIAL2 LIFE INC. P.O. BOX 620053 ATLANTA, GA 30548	58-2168468	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FAIR COUNT 464 BOULEVARD SE ATLANTA, GA 30312	58-2421574	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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FAMILIES FIRST, INC. 80 JOSEPH E. LOWERY BLVD. N.W. ATLANTA, GA 30314	58-1054331	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
FAMILY HERITAGE FOUNDATION, INC. 557 CRESTRIDGE COURT STONE MOUNTAIN, GA 30083	01-0638933	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
FAMILY SUPPORT CIRCLE, INC. 109 S LEE STREET STOCKBRIDGE, GA 30281	23-3077910	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FATHERS INCORPORATED 2394 MOUNT VERNON RD, 2ND FLOOR DUNWOODY, GA 30038	20-1893855	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
FAYETTE FACTOR 120 COMMERCE CIRCLE, SUITE D FAYETTEVILLE, GA 30214	20-2994240	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
FCS URBAN MINISTRIES 1297 JONESBORO RD SE ATLANTA, GA 30315	58-1330830	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
FERST READERS P.O. BOX 1327 MADISON, GA 30650	58-2489181	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
FIRST STEP STAFFING INC 236 AUBURN AVE NE, SUITE 203 ATLANTA, GA 30303	20-8038859	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
FOOD WELL ALLIANCE 970 JEFFERSON STREET NW ATLANTA, GA 30318	47-4363668	501 (C) (3)	15,000.	0.			GENERAL SUPPORT

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FOREVER FAMILY INC 765 MCDANIEL STREET, STE 3104 ATLANTA, GA 30310	58-1744556	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FREEDOM FUTURES, INC 78 FENIMORE STREET #3 BROOKLYN, NY 11225	85-4031054	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
FRONTLINE HOUSING INC. 245 N HIGHLAND AVENUE, STE 230-356 ATLANTA, GA 30307	84-4391959	501 (C) (3)	1,358,137.	0.			GENERAL SUPPORT
FUGEES FAMILY 1933 E DUBLIN GRANVILLE RD, SUITE 1 COLUMBUS, OH 43229	20-5771149	501 (C) (3)	6,250.	0.			GENERAL SUPPORT
FULTON COUNTY SCHOOLS ATTN: ASHLEY GARRISON, 6201 POWERS ATLANTA, GA 30339	58-6000246	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FULTON EDUCATION FOUNDATION 2870 PEACHTREE ROAD NW #187 ATLANTA, GA 30305	58-1680963	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE SW ATLANTA, GA 30310	58-1815194	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
FUTURE FOUNDATION 1892 WASHINGTON ROAD ATLANTA, GA 30344	58-2636418	501 (C) (3)	106,250.	0.			GENERAL SUPPORT
GA ASSOCIATION FOR THE EDU OF YOUTH CHILDREN - P. O. BOX 49361, JAIME DICE, CONF AND ADMIN COORD - ATLANTA, GA 30359	23-7036993	501 (C) (3)	20,000.	0.			GENERAL SUPPORT

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GA BUILDING TRADES ACADEMY 501 PULLIAM STREET SW, STE 511 ATLANTA, GA 30312	31-1778416	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
GATE CITY DAY NURSERY ASSOCIATION 2080 CASCADE ROAD ATLANTA, GA 30311	58-0593408	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303-3638	26-1193832	501 (C) (3)	440,000.	0.			GENERAL SUPPORT
GATEWAY RESTORATION 4981 PHILLIPS DRIVE FORREST PARK, GA 30297	58-2132415	501 (C) (3)	88,913.	0.			GENERAL SUPPORT
GEARS (GA EARLY EDUCATION ALLIANCE FOR - 3400 PEACHTREE RD N.E., SUITE 1720 - ATLANTA, GA 30326	46-4250104	501 (C) (3)	594,000.	0.			GENERAL SUPPORT
GEORGIA APPLESEED 1600 PARKWOOD CIR SE, SUITE 200 ATLANTA, GA 30339	20-4036923	501 (C) (3)	33,750.	0.			GENERAL SUPPORT
GEORGIA CENTER FOR NONPROFITS 100 PEACHTREE ST NW, STE 1500- ACCT ATLANTA, GA 30303	58-2554789	501 (C) (3)	80,450.	0.			GENERAL SUPPORT
GEORGIA CHARITABLE CARE NETWORK P.O. BOX 133224 ATLANTA, GA 30333	80-0100336	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
GEORGIA FAMILY CONNECTION PARTNERSHIP, INC. - 235 PEACHTREE STREET, N.W., STE. #1600 - ATLANTA, GA 30303	58-1888262	501 (C) (3)	175,000.	0.			GENERAL SUPPORT

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GEORGIA PUBLIC BROADCASTING 260 14TH STREET, NW, ATTN: FINANCE DEPARTMENT - ATLANTA, GA 30318-5360	58-1496258	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
GEORGIA STAND-UP 501 PULLIAM STREET, STE 100 ATLANTA, GA 30312	20-0984437	501 (C) (3)	45,000.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSITY RESEARCH P.O. BOX 5317 ATLANTA, GA 31107	58-1845423	501 (C) (3)	220,058.	0.			GENERAL SUPPORT
GEORGIA SUPPORTIVE HOUSING ASSOCIATION - P.O. BOX 2542 - ROSWELL, GA 30077-2542	27-1111452	501 (C) (3)	40,000.	0.			GENERAL SUPPORT
GEORGIA TECH- CEISMC 505 10TH STREET NW ATLANTA, GA 30332	58-6002023	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
GEORGIA WORKS 275 PRYOR ST SW ATLANTA, GA 30303	36-4763575	501 (C) (3)	200,000.	0.			GENERAL SUPPORT
GIRL SCOUT COUNCIL OF NORTHWEST GEO - 5601 NORTH ALLEN ROAD - MAPLETON, GA 30126	58-0566190	501 (C) (3)	140,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN RD MAPLETON, GA 30126	58-0566190	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF COLUMBUS PO BOX 3096 COLUMBUS, GA 31903	58-6011441	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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GIRLS ON THE RUN INTERNATIONAL PO BOX 591 VALDOSTA, GA 31603	47-3607344	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF ATLANTA 1904 MONROE DRIVE NE, STE 135 ATLANTA, GA 30324	58-2568271	501 (C) (3)	46,352.	0.			GENERAL SUPPORT
GLOBAL GROWERS NETWORK INC 500 SOUTH COLUMBIA DRIVE DECATUR, GA 30030	46-2247454	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
GOODWILL OF NORTH GEORGIA 2201 LAWRENCEVILLE HWY #300 DECATUR, GA 30033	20-8351046	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
GOSHEN VALLEY FOUNDATION 387 GOSHEN CHURCH WAY WALESKA, GA 30183	58-2361483	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
GRADY HEALTH SYSTEMS 80 JESSE HILL JR. DR., ATTN: DAVID ATLANTA, GA 30303	58-2130437	501 (C) (3)	337,500.	0.			GENERAL SUPPORT
GRANTMAKERS FOR SOUTHERN PROGRESS 1513 EAST CLEVELAND AVE., BUILDING 100, UNIT 108 - ESST POINT, GA 30344	62-0646373	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
GWINNETT BUILDING BABIES' BRAINS 437 OLD PEACHTREE ROAD NW SUWANNEE, GA 30024	16-1764597	501 (C) (3)	250,000.	0.			GENERAL SUPPORT
HABESHA, INC. P.O. BOX 1291 REDAN, GA 30074	02-0536428	501 (C) (3)	17,500.	0.			GENERAL SUPPORT

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HABITAT FOR HUMANITY - ATLANTA 824 MEMORIAL DRIVE SE ATLANTA, GA 30316	58-1535414	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
HAND, HEART, AND SOUL PROJECT 993 FOREST AVE FOREST PARK, GA 30297	82-1127395	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
HANDS ON ATLANTA 1554 600 MEANS STREET NW, SUITE 100 ATLANTA, GA 30318	58-1861026	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
HANDS ON RECOVERY AND WELLNESS CENTER - 5625 JACKSON FARMS DRIVE - LILBURN, GA 30047	87-3239033	501 (C) (3)	8,500.	0.			GENERAL SUPPORT
HEALTH EDUCATION ASSESSMENT AN 2600 MARTIN LUTHER KING JR DRIVE ATLANTA, GA 30311	26-3990559	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
HEALTHY MOTHERS HEALTHY BABIES COALITION - 2300 HENDERSON MILL ROAD NE - ATLANTA, GA 30345	58-1440585	501 (C) (3)	40,000.	0.			GENERAL SUPPORT
HEARTS TO NOURISH HOPE INC. 640 HWY 138 SW RIVERDALE, GA 30274	58-2164638	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
HEIRBORN SERVANTS INC 163 MARTIN LUTHER KING JR, DR WINDER, GA 30548	81-4673583	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501 (C) (3)	62,500.	0.			GENERAL SUPPORT

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HOME STRETCH 89 GROVE WAY ROSWELL, GA 30075-4532	58-2051038	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
HOME TRAINING INSTITUTE, INC. 1441 WOODMONT LN NW #1575, ATTN: NAEMAH JOHN CHIKE - ATLANTA, GA 30318	20-0167863	501 (C) (3)	31,000.	0.			GENERAL SUPPORT
HOMES OF LIGHT LLC 4426 HUGH HOWELL ROAD, STE B-101 TUCKER, GA 30084	45-2653565	501 (C) (3)	736,033.	0.			GENERAL SUPPORT
HOPE ATLANTA 34 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30303	58-0566247	501 (C) (3)	137,500.	0.			GENERAL SUPPORT
HOPE FOR YOUTH INC. P.O. BOX 89247 ATLANTA, GA 31112	82-2881480	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
HORIZONS ATLANTA 177 NORTH AVE NW, 3RD FLOOR, SUITE ATLANTA, GA 30332	37-1747624	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
HOUSE OF DAWN 298 SOUTH MAIN STREET JONESBORO, GA 30236	58-2534495	501 (C) (3)	45,000.	0.			GENERAL SUPPORT
HOUSING JUSTICE LEAGUE INC 1509 BROOKCLIFF CIRCLE MARIETTA, GA 30062	46-1271164	501 (C) (3)	73,750.	0.			GENERAL SUPPORT
HOUSING PLUS INC 245 N HIGHLAND AVENUE ATLANTA, GA 30307-1936	83-1195687	501 (C) (3)	234,162.	0.			GENERAL SUPPORT

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IMPACT CHURCH 2323 SYLVAN RD EAST POINT, GA 30344	35-1950403	501 (C) (3)	63,913.	0.			GENERAL SUPPORT
IMPACT EDU 2202 BATTLECREEK VILLAGE DR JONESBORO, GA 30236	85-3146569	501 (C) (3)	72,500.	0.			GENERAL SUPPORT
IMPACT46, INC. 279 W. CROGAN STREET LAWRENCEVILLE, GA 30046	81-3592697	501 (C) (3)	37,500.	0.			GENERAL SUPPORT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY - 4282 MEMORIAL DRIVE, SUITE B - DECATUR, GA 30032	20-1060068	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
INSPIREDU 1550 SOUTHLAND CIRCLE, STE 200 ATTN ATLANTA, GA 30318	84-3606525	501 (C) (3)	48,750.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE 2305 PARKLAKE DRIVE, SUITE 100 ATLANTA, GA 30345	13-5660870	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
INTOWN COLLABORATIVE MINISTERIE 10216 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501 (C) (3)	471,125.	0.			GENERAL SUPPORT
JESSYE NORMAN SCHOOL OF THE ARTS, INC. - 739 GREENE STREET - AUGUSTA, GA 30901	31-1776667	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD. ATLANTA, GA 30338	58-1479212	501 (C) (3)	125,000.	0.			GENERAL SUPPORT

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JUMPSTART ATLANTA 308 CONGRESS STREET, 6TH FLOOR BOSTON, MA 02210	04-3262046	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
KENNESAW STATE UNIVERSITY RESEACH AND SERVICE FOUNDATION - 585 COBB AVE, MD0111 - KENNESAW, GA 30178	37-1535589	501 (C) (3)	40,000.	0.			GENERAL SUPPORT
KIDS VIDEO CONNECTION INC 2989 PATTY HOLLOW COURT DECATUR, GA 30034	02-0777236	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
KIPP METRO ATLANTA 1445 MAYNARD ROAD NW ATLANTA, GA 30331	11-3723114	501 (C) (3)	1,054,000.	0.			GENERAL SUPPORT
LAAMISTAD 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324-3262	58-1237316	501 (C) (3)	37,500.	0.			GENERAL SUPPORT
LATIN AMERICAN ASSOCIATION ATLANTA 2750 BUFORD HIGHWAY NE, ATTN: MARY ATLANTA, GA 30324	58-1237316	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
LATINO COMMUNITY FUND INC P.O. BOX 3299 DECATUR, GA 30031	82-0911954	501 (C) (3)	67,500.	0.			GENERAL SUPPORT
LEADING TO MOVEMENT INC 665 BERNIE STREET SE ATLANTA, GA 30312	82-1427683	501 (C) (3)	220,000.	0.			GENERAL SUPPORT

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LEAP FOR LITERACY 6500 MCDONOUGH DRIVE, SUITE A-4 NORCROSS, GA 30093	47-5018646	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
LEARN4LIFE 191 PEACHTREE STREET NE, STE 1000 ATLANTA, GA 30303	58-1344646	501 (C) (3)	440,000.	0.			GENERAL SUPPORT
LIFT2ENRICH, INC 3155 HEMBREE TRACE DRIVE MARIETTA, GA 30062	82-5194394	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY NE SANDY SPRINGS, GA 30328	20-0840930	501 (C) (3)	148,000.	0.			GENERAL SUPPORT
LOS VECINOS DE BUFORD HIGHWAY P.O. BOX 48046 ATLANTA, GA 30362	82-3973974	501 (C) (3)	32,450.	0.			GENERAL SUPPORT
LUTHERAN SERVICES OF GEORGIA 230 PEACHTREE STREET NW, SUITE 1100 ATLANTA, GA 30303	68-0480736	501 (C) (3)	153,125.	0.			GENERAL SUPPORT
MARIETTA SCHOOLS FOUNDATION - 144 POLK STREET NW MARIETTA, GA 30064	58-1524893	501 (C) (3)	1,624,497.	0.			GENERAL SUPPORT
MARTIN LUTHER KING SR. COMMUNITY RESOURCES - 101 JACKSON STREET NE - ATLANTA, GA 30312	46-4284318	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501 (C) (3)	292,500.	0.			GENERAL SUPPORT

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MEN & WOMEN OF TRUTH SOBER LIVING 3071 EASTLAND WAY SNELLVILLE, GA 30078	46-2767018	501 (C) (3)	8,325.	0.			GENERAL SUPPORT
MEN OF EXCELLENCE, INC 200 RAINER COURT CANTON, GA 30144	81-2278849	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
MENTAL FITNESS 21ST CENTRY LEARNING - 149 SW BROAD ST - FAIRBURN, GA 30213	46-4613075	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
MERCY HOUSING SOUTHEAST 260 PEACHTREE ST, STE 1800 ATLANTA, GA 30303	56-1993872	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
METAMORPHASIS POWERHOUSE COMPANY INC. - 309 SHYRE LAKE LANE - MCDONOUGH, GA 30253	01-0612407	501 (C) (3)	25,200.	0.			GENERAL SUPPORT
METRO ATLANTA CHAMBER OF COMMERCE 191 PEACHTREE STREET NE, SUITE 3400 C/O AMY LANCASTER - ATLANTA, GA 30303	58-0145520	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
METRO ATLANTA URBAN FARM 3271 MAIN STREET COLLEGE PARK, GA 30337	45-2500753	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
MLK SR. COMMUNITY RESOURCES COLLABORATIVE - 101 JACKSON ST NE - ATLANTA, GA 30312	46-4284316	501 (C) (3)	137,181.	0.			GENERAL SUPPORT
MT. ZION AWE CHURCH 6045 RIVERDALE ROAD COLLEGE PARK, GA 30349	40-4507825	501 (C) (3)	91,225.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTI-AGENCY ALLIANCE FOR CHILDREN INC. - 225 PEACHTREE ST. NE, STE 900 - ATLANTA, GA 30303	58-2374925	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
MUST MINISTRIES P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
NATIONAL CARES MENTORING MOVEMENT 5 PENN PLAZA 23RD FLOOR NEW YORK, NY 10001	32-0207585	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL RD ATLANTA, GA 30345	30-0130066	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD. DECATUR, GA 30034	58-2616862	501 (C) (3)	160,000.	0.			GENERAL SUPPORT
NEW MERCIES CHRISTIAN CHURCH 4000 FIVE FORKS TRICKUM RD SW LILBURN, GA 30047	03-0417768	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
NEW VISIONS COMMUNITY DEVELOPMENT (NVCD) - 1506 S. SLAPPEY BLVD - ALBANY, GA 31701	20-0669652	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
NEXT GENERATION FOCUS, INC. P.O. BOX 402 CUMMING, GA 30028	41-2264512	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
NICHOLAS HOUSE INC. P. O. BOX 15577 ATLANTA, GA 30333	58-1762614	501 (C) (3)	238,380.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD, ATTN: BILL WORT ROSWELL, GA 30076	58-1521088	501 (C) (3)	31,055.	0.			GENERAL SUPPORT
ON THE RISE COMMUNITY DEVELOPMENT INC. - 299 JOSEPH E. LOWERY BLVD, SUITE 200 - ATLANTA, GA 30314	85-2731669	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
ONEGOAL METRO ATLANTA P.O. BOX 888254 ATLANTA, GA 30356	56-2369898	501 (C) (3)	23,750.	0.			GENERAL SUPPORT
OPEN DOORS 2782 WOODCOCK BLVD, STE 211 ATLANTA, GA 30341	83-0841949	501 (C) (3)	175,000.	0.			GENERAL SUPPORT
OPEN HAND ATLANTA 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
OUR HOUSE 711 S. COLUMBIA DR. DECATUR, GA 30030	58-1743333	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
PAD 236 FORSYTH ST SW STE 200 ATLANTA, GA 30303	86-3382851	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
PARENT AVENGERS 07 MAGNOLIA WAY NW UNIT 102 ATLANTA, GA 30314	83-2256080	501 (C) (3)	38,750.	0.			GENERAL SUPPORT
PARTNERS FOR HOME 818 POLLARD BLVD ATLANTA, GA 30315	47-3476724	501 (C) (3)	1,154,267.	0.			GENERAL SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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PEACE BAPTIST CHURCH 4000 COVINGTON HWY DECATUR, GA 30032	58-2135103	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
PER SCHOLAS INC 804 # 138TH ST., 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
PLAY TO LEARN CONSULTING, INC. 6356 WILMINGTON WAY FLOWERY BRANCH, GA 30542	11-3747747	501 (C) (3)	9,150.	0.			GENERAL SUPPORT
POLYANNA'S PLACE 1944 LYLE AVENUE COLLEGE PARK, GA 30337	47-5174549	501 (C) (3)	157,250.	0.			GENERAL SUPPORT
POSITIVE GROWTH INC. 945 N. INDIAN CREEK DRIVE CLARKSTON, GA 30021	58-2299589	501 (C) (3)	56,250.	0.			GENERAL SUPPORT
POSITIVE IMPACT HEALTH CENTERS 523 CHURCH STREET DECATUR, GA 30030	58-1973324	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
POSSE ATLANTA 101 MARIETTA STREET N.W, SUITE 1040 ATLANTA, GA 30303	13-3840394	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
PREMIER ACADEMY, INC. 399 MACEDONIA ROAD, SE ATLANTA, GA 30354	58-1169016	501 (C) (3)	40,000.	0.			GENERAL SUPPORT
PREVENT CHILD ABUSE ROCKDALE (FORME - P.O. BOX 81025 - CONVERS, GA 30013	58-1953388	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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PROFESSIONAL FAMILY CHILD CARE ALLIANCE - P.O. BOX 191754, ATTN: JOE PERREULT - ATLANTA, GA 31119	45-3936090	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
PROJECT COMMUNITY CONNECTIONS, INC. - 302 DECATUR ST, SE - ATLANTA, GA 30312	58-2373779	501 (C) (3)	413,001.	0.			GENERAL SUPPORT
PROJECT RENEWAL DOMESTIC VIOLENCE P.O. BOX 1205 CONYERS, GA 30012	58-2397407	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
PROJECT SOUTH: THE ELIMINATION OF GENOCIDE - 9 GAMMON AVE SW - ATLANTA, GA 30315	58-1956686	501 (C) (3)	42,500.	0.			GENERAL SUPPORT
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY, SUITE 500 PAM ATLANTA, GA 30324	58-2400285	501 (C) (3)	1,351,420.	0.			GENERAL SUPPORT
QUEST COMMUNITY DEVELOPMENT ORGANIZATION - 878 ROCK STREET NW - ATLANTA, GA 30314	58-2634738	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
RAINBOW VILLAGE, INC. 3427 DULUTH HIGHWAY 120 DULUTH, GA 30096-3354	58-2181183	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
RAISING EXPECTATIONS INC PO BOX 92814 ATLANTA, GA 30314	58-2395581	501 (C) (3)	96,250.	0.			GENERAL SUPPORT
RE:IMAGINE/ATL 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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

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REACH OUT AND READ, INC. 89 SOUTH STREET, STE 201 BOSTON, MA 02111	04-3481253	501 (C) (3)	175,000.	0.			GENERAL SUPPORT
REBECCA'S TENT 1180 UNIVERSITY DR NE ATLANTA, GA 30306	27-4116748	501 (C) (3)	104,556.	0.			GENERAL SUPPORT
REDEFINED ATLANTA 830 GLENWOOD AVE SE ATLANTA, GA 30316	81-2554172	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
REFUGEE FAMILY ASSISTANCE PROGRAM 5405 MEMORIAL DR, SUITE 101 STONE MOUNTAIN, GA 30083	86-1078957	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
REFUGEE WOMEN'S NETWORK 2900 CHAMBLEE TUCKER ROAD, BLDG # S ATLANTA, GA 30341	58-2369796	501 (C) (3)	120,000.	0.			GENERAL SUPPORT
REIMAGINE ATL, INC. 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501 (C) (3)	52,500.	0.			GENERAL SUPPORT
RESTORATION ATL MISSION, INC. 2836 SPRINGDALE RD SW ATLANTA, GA 30315	46-2752756	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
RESULTS CENTRAL 2532 SOUTH HARRISTON ROAD, STE H DECATUR, GA 30035	20-5957429	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
RISE AUGUSTA, INC. P.O. BOX 1604 AUGUSTA, GA 30903	58-2246930	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

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SAFEHOUSE OUTREACH 89 ELLIS STREET ATLANTA, GA 30303	58-2130936	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
SALEM BIBLE CHURCH 2283 BAKER ROAD ATLANTA, GA 30318	58-6123678	501 (C) (3)	86,225.	0.			GENERAL SUPPORT
SCOTTDALE EARLY LEARNING INC 479 WARREN AVE SCOTTDALE, GA 30079	58-1281657	501 (C) (3)	37,500.	0.			GENERAL SUPPORT
SCOTTDALE EARLY LEARNING, INC 479 WARREN AVE SCOTTDALE, GA 30079	58-1281657	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
SEAL INC 3740 EISENHOWER PARKWAY MACON, GA 31206	82-4849626	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SER FAMILIA, INC. P.O. BOX 146 ACWORTH, GA 30101	35-2166123	501 (C) (3)	65,000.	0.			GENERAL SUPPORT
SERENITY REHABILITATION HOUSE 3071 EASTLAND WAY SNELVILLE, GA 30078	86-2756483	501 (C) (3)	9,425.	0.			GENERAL SUPPORT
SHARE THE MAGIC FOUNDATION, INC. 2870 PEACHTREE ROAD, #109 ATLANTA, GA 30305	81-1221582	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SHELTERING ARMS GEORGIA 385 CENTENNIAL OLYMPIC PARK DR ATLANTA, GA 30313	58-0566236	501 (C) (3)	293,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

UNITED WAY OF GREATER ATLANTA, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E MAYS DRIVE, SW ATLANTA, GA 30311	58-1122346	501 (C) (3)	32,500.	0.			GENERAL SUPPORT
SINGLE PARENT ALLIANCE & RESOURCE CENTER - 706 TREETRAIL PARKWAY - NORCROSS, GA 30093	58-2605168	501 (C) (3)	715,725.	0.			GENERAL SUPPORT
SOCIAL INSIGHT RESEARCH LLC 1399 HIGH POINT AVENUE ATLANTA, GA 30315-2610	86-1931229	501 (C) (3)	76,072.	0.			GENERAL SUPPORT
SOLOMON'S TEMPLE FOUNDATION 3344 PEACHTREE RD NE, UNIT 3205 ATLANTA, GA 30326-4805	81-0983784	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
SOMEONE CARES, INC. 1950 SPECTRUM CIRCLE, SUITE 145 MARIETTA, GA 30067	41-2025888	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SOUND LANDING, INC. 8160 ROYAL TRRON DR DULUTH, GA 30097-1643	27-3199928	501 (C) (3)	102,700.	0.			GENERAL SUPPORT
SOUTH GA STARZ ACADEMY INC 1300 W. BROAD ALBANY, GA 31721	46-2301066	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON STREET NW ATLANTA, GA 30303	62-1025326	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE. SW, ATTN: DJUANA DU ATLANTA, GA 30315	58-1131002	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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ST PHILIP AME CHURCH 240 CANDLER ROAD ATLANTA, GA 30317	26-28221649	501 (C) (3)	12,250.	0.			GENERAL SUPPORT
ST. JOSEPH'S MERCY CARE SERVICES 5134 PEACHTREE ROAD CHAMBLEE, GA 30341	58-1752700	501 (C) (3)	85,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY 2050-C CHAMBLEE TUCKER RD. CHAMBLEE, GA 30341	58-1981270	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
STEP BY STEP RECOVERY 119 WILSON COURT LAWRENCEVILLE, GA 30046	20-2822343	501 (C) (3)	23,620.	0.			GENERAL SUPPORT
STEP UP ON SECOND STREET INC. 1328 SECOND STREET SANTA MONICA, CA 90401	95-4109386	501 (C) (3)	485,977.	0.			GENERAL SUPPORT
STRIVE INTERNATIONAL INC. 205 EAST 122ND STREET, 2ND FLOOR NEW YORK, NY 10035	13-3255679	501 (C) (3)	65,000.	0.			GENERAL SUPPORT
TEACH O REA PREPARTORY PRESCHOOL (GRANTS) - 791 RAYS ROAD - STONE MOUNTAIN, GA 30083	20-8507403	501 (C) (3)	42,450.	0.			GENERAL SUPPORT
THE BLOOM CLOSET 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
THE BONNER OFFICE OF CIVIC ENGAGEMENT - SPELLMAN COLLEGE, 350 SPELLMAN LANE SW - ATLANTA, GA 30314	58-0566243	501 (C) (3)	25,000.	0.			GENERAL SUPPORT

UNITED WAY OF GREATER ATLANTA, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE CENTER FOR FAMILY RESOURCES 995 ROSWELL STREET, NE, SUITE 100 MARIETTA, GA 30060	58-0876634	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
THE COMMON MARKET GEORGIA 1050 OAKLEIGH DRIVE EAST POINT, GA 30344	47-4769308	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
THE COMMUNITY RESTORATION PROJECT CORP - 7427 SAINT DAVID ST. - FAIRBURN, GA 30213	85-1962631	501 (C) (3)	1,582,087.	0.			GENERAL SUPPORT
THE DR. ANNISE MABRY FOUNDATION PO BOX 114 PORTERDALE, GA 30070	81-1923905	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
THE FRAZER CENTER 1815 S PONCE DE LEON AVE NE ATLANTA, GA 30307	58-1824440	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
THE GA FOUNDATION FOR EARLY CARE AND LEARNING - 2 MARTIN LUTHER KING JR. DRIVE, STE 754 EAST TOWER - ATLANTA, GA 30334	82-1606831	501 (C) (3)	475,000.	0.			GENERAL SUPPORT
THE GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 7 DUNWOODY PARK, SUITE 110 - ATLANTA, GA 30338	76-0809155	501 (C) (3)	42,500.	0.			GENERAL SUPPORT
THE GREENLIGHT FUND 200 CLARENDON STREET, 44 TH FLOOR BOSTON, MA 02116	20-0407083	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
THE LINK COUNSELING CENTER 348 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-1109087	501 (C) (3)	41,000.	0.			GENERAL SUPPORT

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THE ODYSSEY FAMILY COUNSELING CENTE - 1919 JOHN WESLEY AVE - COLLEGE PARK, GA 30337	58-1295404	501 (C) (3)	121,000.	0.			GENERAL SUPPORT
THE ORANGE DUFFEL BAG INITIATIVE 1801 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30309	27-1845671	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
THE PARTERSHIP FOR SOUTHERN EQUITY - 260 PEACHTREE STREET - ATLANTA, GA 30303	27-4424115	501 (C) (3)	196,000.	0.			GENERAL SUPPORT
THE PITTSBURGH COLLABORATIVE, INC. 270 17TH ST. NW, #912 ATLANTA, GA 30363	82-5334993	501 (C) (3)	35,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY 469 MARIETTA ST. NW, RED SHIELD SER ATLANTA, GA 30313	58-0666067	501 (C) (3)	87,611.	0.			GENERAL SUPPORT
THE SCHOLARSHIP ACADEMY 215 LAKEWOOD WAY, STE 108-JESSICA J ATLANTA, GA 30315	20-3721836	501 (C) (3)	87,500.	0.			GENERAL SUPPORT
THE SCOOP LLC 743 SECOND STREET, ATTN: TONNIE WEATHERSPOON - STONE MOUNTAIN, GA 30083	83-0600125	501 (C) (3)	38,070.	0.			GENERAL SUPPORT
THE SHINE COMMUNITY, INC. 1795 BUFORD HWY DULUTH, GA 30097	85-1168283	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
THE STUDY HALL AT EMMAUS PO BOX 6717 ATLANTA, GA 30315-0717	58-1830316	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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THE VILLAGE TUTORIAL AND ENRICHMENT PROGRAM - P.O. BOX 243 - SCOTTDALE, GA 30079	47-4764982	501 (C) (3)	12,615.	0.			GENERAL SUPPORT
THINK BIG YOUTH ORGANIZATION 9784 E OGLETHORPE HWY, SUITE C MIDWAY, GA 31320	47-5288693	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
TOGETHER FRIENDS ORGANIZATION INC. 1215 MILLWOOD DRIVE RIVERDALE, GA 30296	38-2499298	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
TRINITY COMMUNITY MINISTRIES INC. 21 BELL STREET NE ATLANTA, GA 30303	58-1804368	501 (C) (3)	9,600.	0.			GENERAL SUPPORT
TURNER CHAPEL AWE CHURCH 492 NORTH MAIRETTA PARKWAY MARIETTA, GA 30060	58-2317439	501 (C) (3)	9,000.	0.			GENERAL SUPPORT
UBUNTU COMMUNITY CATALYST PO BOX 87403 ATLANTA, GA 30337	85-0650634	501 (C) (3)	138,500.	0.			GENERAL SUPPORT
UNCLE DREW'S SOCIAL SKILLS & ROBOTICS PROGRAM, INC. - PO BOX 6645 - WARNER ROBINS, GA 31095	84-3929446	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHWEST GEORGIA P. O. BOX 566 DALTON, GA 30722	58-0905881	501 (C) (3)	47,587.	0.			GENERAL SUPPORT
UNIVERSITY OF GEORGIA RESEARCH 310 EAST CAMPUS ROAD(UGA) ATHENS, GA 30602-1589	58-1353149	501 (C) (3)	100,000.	0.			GENERAL SUPPORT

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URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30303	58-0593386	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
URBAN RECIPE INC. 645 GRANT STREET SE ATLANTA, GA 30312	27-0000606	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
USHER'S NEW LOOK, INC. 500 BISHOP STREET NW, SUITE B5 ATLANTA, GA 30318	58-2480934	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
VETERANS EMPOWERMENT ORGANIZATION 373 W LAKE AVE NW ATLANTA, GA 30318	80-0219022	501 (C) (3)	88,600.	0.			GENERAL SUPPORT
VIEW POINT HEALTH 175 GWINNETT DRIVE LAWRENCEVILLE, GA 30046	58-2103187	501 (C) (3)	39,997.	0.			GENERAL SUPPORT
VISION TUTORING EDUCATIONAL FOUNDATION INC - P.O. BOX 43702 - ATLANTA, GA 30336	90-0635017	501 (C) (3)	40,430.	0.			GENERAL SUPPORT
VISITING NURSE HEALTH SYSTEM OF GEO - 5775 GLENRIDGE DR, STE E200 - ATLANTA, GA 30328	58-0566250	501 (C) (3)	93,750.	0.			GENERAL SUPPORT
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST, SUITE 401 ATLANTA, GA 30303	02-0678823	501 (C) (3)	105,000.	0.			GENERAL SUPPORT
W.E. MOVE! TUTORING GROUP 5020 ADDISON TRAIL STATESBORO, GA 30458	83-4511421	501 (C) (3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING LIVING 1040 BOULEVARD SE, SUITE M ATLANTA, GA 30312	58-2614182	501 (C) (3)	70,000.	0.			GENERAL SUPPORT
WELLSTAR FOUNDATION 805 SANDY PLAINS RD., SUITE 100 MARIETTA, GA 30066	58-1627413	501 (C) (3)	838,000.	0.			GENERAL SUPPORT
WEST ATLANTA COMMUNITY OUTREACH P.O. BOX 92760 ATLANTA, GA 30314	84-3099429	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
WHITEFOORD INC 1353 GEORGE W. BRUMLEY WAY SE ATLANTA, GA 30317	58-2180056	501 (C) (3)	28,000.	0.			GENERAL SUPPORT
WINGS FOR KIDS 1465 NORTHSIDE DRIVE NW, SUITE 212 ATLANTA, GA 30318	57-1055054	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER PO BOX 171 DECATUR, GA 30031	58-1698233	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
YELLS, INC. 1156 PIEDMONT AVENUE, SUITE B6 ATLANTA, GA 30309	27-0900525	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
YMCA OF METROPOLITAN ATLANTA 569 MARTIN LUTHER KING JR DR NW ATLANTA, GA 30314	58-0566253	501 (C) (3)	691,250.	0.			GENERAL SUPPORT
YOUTH EMPOWERMENT SUCCESS SERVICES 255 N. MAIN STREET, #563 JONESBORO, GA 30237	81-0689148	501 (C) (3)	17,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)



<b>Part II</b> 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
YOUTHSERV360 4295 HENDRIX DR FOREST PARK, GA 30297	26-3784096	501 (C) (3)	125,000.	0.			GENERAL SUPPORT
YOUTHSPARK INC 395 PRYOR STREET SW, SUITE 2117 ATLANTA, GA 30312	58-2556130	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
ZABAN PARADIES CENTER 1605 PEACHTREE STREET NE, FLOOR 2 ATLANTA, GA 30309	27-0728201	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
ZION HILL BAPTIST CHURCH 6175 CAMPBELLTON ROAD ATLANTA, GA 30331	58-1470358	501 (C) (3)	6,600.	0.			GENERAL SUPPORT
ZION HILL COMMUNITY DEVELOPMENT 2741 BAYARD STREET EAST POINT, GA 30344	81-0590367	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVENUE SW, 4TH FLOOR ATLANTA, GA 30302	30-4461426	501 (C) (3)	2,197,300.	0.			GENERAL SUPPORT
DEKALB COUNTY PUBLIC SCHOOLS 1701 MOUNTAIN INDUSTRIAL BLVD STONE MOUNTAIN, GA 30083	48-1566913	501 (C) (3)	171,000.	0.			GENERAL SUPPORT
INVEST ATLANTA PARTNERSHIP 133 PEACHTREE ST NE SUITE 2900 ATLANTA, GA 30303	36-4848824	501 (C) (3)	7,846,000.	0.			GENERAL SUPPORT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501 (C) (3)	12,128,148.	0.	FMV	TOYS	TO PROVIDE CHRISTMAS GIFTS TO LESS FORTUNATE CHILDREN

**Part III**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE	4150	21,741,216.	0.		HOUSING ASSISTANCE

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

**PART I, LINE 2:**

UNITED WAY OF GREATER ATLANTA DISTRIBUTES PROGRAMMATIC FUNDS THROUGH THE CHILD WELL-BEING IMPACT FUND, GOVERNMENT GRANTS, AND SPECIFIC SHORT-TERM GOAL ORIENTED PHILANTHROPHIC 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)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2021**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**UNITED WAY OF GREATER ATLANTA, INC**

Employer identification number

**58-0566194**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2021

**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)-(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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(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) 437,696.	(ii) 25,000.	(iii) 48,334.	6,763.	20,384.	538,177.	0.
(ii) CHIEF EXECUTIVE OFFICER	0.	0.	0.	0.	0.	0.	0.
(2) TIM FAKENHAM CHIEF OPERATING OFFICER	(i) 349,053.	(ii) 0.	(iii) 37,673.	17,400.	871.	404,997.	0.
(ii) CHIEF OPERATING OFFICER	0.	0.	0.	0.	0.	0.	0.
(3) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	(i) 205,675.	(ii) 0.	(iii) 20,389.	13,831.	29,093.	268,988.	0.
(ii) CHIEF DEVELOPMENT OFFICER	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	(i) 195,345.	(ii) 0.	(iii) 35,957.	7,945.	417.	239,664.	0.
(ii) CHIEF MARKETING OFFICER	0.	0.	0.	0.	0.	0.	0.
(5) KRISTEN MCCOLLUM CHIEF FINANCIAL OFFICER	(i) 199,769.	(ii) 0.	(iii) 19,788.	-25,967.	29,093.	222,683.	0.
(ii) CHIEF FINANCIAL OFFICER	0.	0.	0.	0.	0.	0.	0.
(6) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i) 158,136.	(ii) 0.	(iii) 16,993.	3,705.	34,036.	212,870.	0.
(ii) CHIEF COMMUNITY IMPACT OFFICER	0.	0.	0.	0.	0.	0.	0.
(7) NATALIE EVANS VP DATA ANALYTICS	(i) 139,978.	(ii) 0.	(iii) 22,602.	-7,087.	33,823.	189,316.	0.
(ii) VP DATA ANALYTICS	0.	0.	0.	0.	0.	0.	0.
(8) PROTIP BISWAS VP, HOMELESSNESS AND COMMUNITY OUTRE	(i) 117,093.	(ii) 0.	(iii) 31,551.	-5,674.	32,768.	175,738.	0.
(ii) VP, HOMELESSNESS AND COMMUNITY OUTRE	0.	0.	0.	0.	0.	0.	0.
(9) LAUREN BROOKS VP, CORPORATE RELATIONS	(i) 142,542.	(ii) 3,185.	(iii) 3,818.	-7,314.	29,329.	171,560.	0.
(ii) VP, CORPORATE RELATIONS	0.	0.	0.	0.	0.	0.	0.
(10) CLAIRE BURKE CONTROLLER	(i) 131,272.	(ii) 0.	(iii) 14,114.	-13,575.	36,034.	167,845.	0.
(ii) CONTROLLER	0.	0.	0.	0.	0.	0.	0.
(11) ORINZAL WILLIAMS EXECUTIVE DIRECTOR OF INFORMATION	(i) 109,132.	(ii) 0.	(iii) 21,528.	-7,200.	35,510.	158,970.	0.
(ii) EXECUTIVE DIRECTOR OF INFORMATION	0.	0.	0.	0.	0.	0.	0.
(12) DENNIS LONG ASST VP OF DEVELOPMENT	(i) 114,313.	(ii) 0.	(iii) 12,147.	13,419.	10,250.	150,129.	0.
(ii) ASST VP OF DEVELOPMENT	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 7:

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

LAUREN BROOKS RECEIVED A RETENTION BONUS DURING THE YEAR WHICH WAS DETERMINED BY HER IMMEDIATE SUPERIOR.

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
 Open to Public Inspection

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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			5,518,400.					
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			110,000.					
7 Issuance costs from proceeds								
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					
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							

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X							
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00	%			%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00	%			%		%
<b>6</b> Total of lines 4 and 5 .....		.00	%			%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		246,937.	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	100	9,190.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( TOYS )	X	883,332	12,128,148.	FAIR MARKET VALUE
26 Other ▶ ( COVID-19 TEST )	X	58,802	477,213.	FAIR MARKET VALUE
27 Other ▶ ( )				
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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 INDIVIDUALS 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 1, DESCRIPTION OF ORGANIZATION MISSION:

OF THEIR COMMUNITY, UNITED WAY IS THE PLATFORM THAT ENABLES

INDIVIDUALS, GROUPS, AND COMPANIES TO MAKE A DIFFERENCE INDIVIDUALLY

AND COLLECTIVELY IN WHATER WAY THEY WISH TO CONTRIBUTE THEIR TIME,

TALENT, AND TREASURE.

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

WITH GENEROUS SUPPORT FROM WELLS FARGO, UNITED WAY OF GREATER ATLANTA,

IN COLLABORATION WITH INVEST ATLANTA, HAS ESTABLISHED THE ATLANTA OPEN

FOR BUSINESS FUND PROGRAM. THIS PROGRAM HAS BEEN CREATED TO HELP SMALL

BUSINESS OWNERS IN THE CITY OF ATLANTA, I.E. WITHIN THE CITY LIMITS,

BUILD WEALTH BY INVESTING IN ASSETS SUCH AS COMMERCIAL SPACE, FACADE

IMPROVEMENT, EQUIPMENT AND TECHNOLOGY. MORE SPECIFICALLY, AN IMPORTANT

FOCUS WILL BE ON RACIALLY AND ETHNICALLY DIVERSE BUSINESS OWNERS WHO

HAVE BEEN DISPROPORTIONATELY HURT BY THE PANDEMIC.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UNITED WAY OF GREATER ATLANTA, IN PARTNERSHIP WITH THE COMMUNITY

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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FOUNDATION OF GREATER ATLANTA, PROVIDED 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. WHILE THE FUND REMAINS OPEN, A MAJORITY OF THE FUNDS RAISED HAVE BEEN DISTRIBUTED PRIOR TO THE END OF OUR FISCAL YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
SUSTAINABLE CONTRIBUTIONS TO THE COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
COMMUNITY EMERGENCIES. ANSWERING OVER 300,000 CONTACTS THROUGH TELEPHONE, TEXT, LIVE CHATS, EMAIL, MOBILE APP, POSTAL AND WEB SEARCHES, 2-1-1 HELPS MANY THROUGHOUT THE COMMUNITY. THE COMMUNITY CAN VISIT OUR WEBSITE TO SEARCH THE 211 DATABASE FOR THEMSELVES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
VOLUNTEERISM, AMONG OTHERS.

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.

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

EXPENSES \$ 3,557,258. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,076,717.

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

Name of the organization UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
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SECOND POINT OF COMPARISON, WE WILL CONDUCT AN IRS FORM 990 ANALYSIS. NON-PROFIT ENTITIES OF SIMILAR MISSION AND REVENUE SIZE WILL BE INCLUDED IN THE ANALYSIS. THESE TWO COMPARISON APPROACHES ARE USED IN MAKING THE FINAL OVERALL DETERMINATION FOR THE CEO POSITION. OTHER EMPLOYEES' COMPENSATION IS ALSO BENCHMARKED BASED ON THE COMPENSATION AUDIT PERFORMED EVERY TWO YEARS. OTHER EMPLOYEES' 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 326,191.

**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.

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

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

Employer identification number  
58-0566194

OMB No. 1545-0047

**2021**

Open to Public Inspection

**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 GREATER ATLANTA	UNITED WAY OF GREATER ATLANTA		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021





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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> 24/7 GATEWAY CENTER		B	440,000	EXPENSE INCURRED
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



