

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

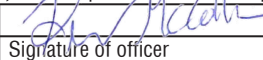
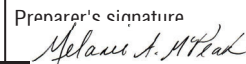
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER ATLANTA, INC		D Employer identification number 58-0566194
	Doing business as		E Telephone number 404-527-7200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 111,234,407.
	40 COURTLAND STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: KRISTEN MCCOLLUM SAME AS C ABOVE			H(c) Group exemption number If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UNITEDWAYATLANTA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1972
			M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	188
	6 Total number of volunteers (estimate if necessary)	6	3448
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	960,800.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	71,718,300.	86,252,090.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,544,913.	6,815,542.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,981,584.	2,234,662.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-84,434.	101,167.
		83,160,363.	95,403,461.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,631,661.	57,736,589.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,619,592.	20,894,604.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	9,697,841.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,722,515.	13,438,538.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92,973,768.	92,069,731.	
19 Revenue less expenses. Subtract line 18 from line 12	-9,813,405.	3,333,730.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	109,023,182.	118,633,450.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,830,528.	21,591,919.
	91,192,654.	97,041,531.	

Part II Signature Block

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

Sign Here		5/13/26
	Signature of officer	Date
Paid Preparer Use Only	KRISTEN MCCOLLUM, CHIEF FINANCIAL AND PEOPLE OFFICER	
	Type or print name and title	
Paid Preparer Use Only	Preparer's name MELANIE MCPEAK	Preparer's signature 
	Date 2026.05.12	Check if self-employed <input type="checkbox"/> PTIN P01346034
Paid Preparer Use Only	Firm's name CHERRY BEKAERT ADVISORY LLC	Firm's EIN 88-2730877
	Firm's address 1075 PEACHTREE STREET NE, SUITE 1600 ATLANTA, GA 30309	Phone no. 404-209-0954

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE SUSTAINABLE 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,341,753. including grants of \$ 1,341,753.) (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 FAMILIES THE TOOLS TO REMOVE THEMSELVES FROM HOMELESSNESS. GIVING TO THE UNITED WAY CHILD WELL-BEING IMPACT FUND ALLOWS YOU TO HAVE THE BIGGEST IMPACT ON OUR COMMUNITY. THE FUND COVERS MULTIPLE AREAS THAT HELP ADVANCE CHILD WELL-BEING ACROSS GREATER ATLANTA. DECISIONS ARE MADE THROUGH A PROCESS DIRECTED BY UNITED WAY AND INVOLVES SUBJECT MATTER EXPERTS, AS WELL AS TRAINED VOLUNTEERS. INVESTMENTS ARE DIRECTED TOWARD PROGRAMS DELIVERED BY PARTNER NONPROFITS WITH PROVEN EFFECTIVENESS IN CREATING MEASURABLE AND

4b (Code:) (Expenses \$ 19,610,788. including grants of \$ 12,743,939.) (Revenue \$ 37,075.) 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 \$ 48,070,497. including grants of \$ 43,650,897.) (Revenue \$ 1,453,467.) UNITED WAY HAS ADOPTED, IN PARTNERSHIP WITH DOZENS OF COMMUNITY PARTNERS, A "YARDSTICK" FOR CHILD WELLBEING A SET OF 16 MEASURES THAT ALLOW US TO ASSESS HOW WELL CHILDREN AND FAMILIES ARE DOING BY NEIGHBORHOOD. UNITED WAY'S PROGRAMS ARE DESIGNED TO MOVE THE NEEDLE ON THESE CRITICAL MEASURES. ITS FOCUSES ARE ON CREATING STRONG FOUNDATIONS FOR CHILDREN TO GROW, THEREBY PROVIDING OPPORTUNITIES FOR SUCCESS DESPITE ADVERSE CONDITIONS, AS WELL AS NURTURING COMMUNITIES THAT NEED WRAPAROUND SUPPORT. FOR EVERY MEASURE OF CHILD WELL-BEING, THERE IS A MULTITUDE OF FACTORS THAT CAN ADVERSELY INFLUENCE OUTCOMES AND A SERIES OF ACTIONS WE CAN TAKE THAT CAN CHANGE THESE OUTCOMES FOR THE BETTER. WE CONSIDER ALL POTENTIAL SOLUTIONS THAT HELP US MOVE THE NEEDLE, INCLUDING EVIDENCE-BASED STRATEGIES, INNOVATIVE PROGRAMS, POLICIES,

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,704,958. including grants of \$) (Revenue \$ 5,325,000.)

4e Total program service expenses 74,727,996.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (34), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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
CLAIRE BURKE - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILTON LITTLE, JR. CEO	40.00 0.00			X				557,160.	0.	79,574.
(2) TIM PAKENHAM COO	40.00 0.00			X				430,724.	0.	21,968.
(3) KRISTEN MCCOLLUM CFO & CPO	40.00 0.00			X				286,426.	0.	113,317.
(4) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00 0.00				X			230,819.	0.	81,548.
(5) NATALIE EVANS CHIEF DATA OFFICER	40.00 0.00				X			224,074.	0.	67,548.
(6) PROTIO BISWAS SENIOR VP, ECONOMIC STABILITY	40.00 0.00				X			172,415.	0.	74,063.
(7) LAUREN BROOKS SENIOR VP, REVENUE	40.00 0.00				X			195,674.	0.	36,073.
(8) CLAIRE BURKE CONTROLLER	40.00 0.00			X				167,681.	0.	54,466.
(9) ORINZAL WILLIAMS VP OF INFORMATION TECHNOLOGY	40.00 0.00					X		145,255.	0.	76,412.
(10) MARGARET ADAMS VP OF MAJOR GIFTS & MULTI-YEAR GIVIN	40.00 0.00					X		153,416.	0.	38,376.
(11) SANJAY M PAREKH ENTREPRENEUR-IN-RESIDENCE	40.00 0.00					X		169,160.	0.	22,630.
(12) ANITA GELLER SENIOR VP, MARKETING	40.00 0.00				X			159,707.	0.	20,103.
(13) DENNIS LONG ASSISTANT VP OF DEVELOPMENT, OUTSIDE	40.00 0.00					X		140,982.	0.	37,883.
(14) AMANDA CRUMBY VP, DIGITAL SOLUTIONS & INNOVATION	40.00 0.00					X		134,843.	0.	41,148.
(15) PETER CARTER BOARD CHAIR	0.50 0.00	X						0.	0.	0.
(16) RAPHAEL BOSTIC IMMEDIATE PAST PRES./GOV. CHAIR	0.50 0.00	X						0.	0.	0.
(17) RICARDO DE GENOVA 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) JAMIE KLINNERT FINANCE & PROPERTY EXECUTIVE CHAIR	0.50 0.00	X						0.	0.	0.
(19) FELICIA MCDADE DEVELOPMENT COMMITTEE CHAIR	0.50 0.00	X						0.	0.	0.
(20) TUCKER MCNEIL MARKETING & COMMUNICATIONS CHAIR	0.50 0.00	X						0.	0.	0.
(21) BELISA URBINA AGENCY LIAISON	0.50 0.00	X						0.	0.	0.
(22) SCOTT ASHER AT LARGE (FULTON)	0.50 0.00	X						0.	0.	0.
(23) KAMAU BOBB AT LARGE	0.50 0.00	X						0.	0.	0.
(24) THOMAS (TOM) BREMS AT LARGE	0.50 0.00	X						0.	0.	0.
(25) MARANIE BROWN AT LARGE	0.50 0.00	X						0.	0.	0.
(26) ANN BURRIS AT LARGE	0.50 0.00	X						0.	0.	0.
1b Subtotal								3,168,336.	0.	765,109.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,168,336.	0.	765,109.

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 38

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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
ACCENTURE LLP, 500 W MADISON STREET, CHICAGO, IL 60661-2592	CONSULTING	2,516,925.
DIGITAS LLC P.O BOX 100938, ATLANTA, GA 30384-0938	MARKETING AGENCY	437,625.
MICROSOFT CORPORATION PO BOX 842103, DALLAS, TX 75284-2103	SOFTWARE PROVIDER	354,632.
SOCIAL INNOVATION DESIGN EVALUATION STRATEG 206 YOUELL AVENUE SE, GRAND RAPIDS, MI 4950	CONSULTANT	279,056.
CURRY DAVIS CONSULTING GROUP, LLC 5117 ROSEWOOD PLACE, FAIRBURN, GA 30213	CONSULTING	231,718.

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 13

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) NEON CHAPMAN AT LARGE	0.50 0.00	X						0.	0.	0.
(28) SARAH CLAMP AT LARGE	0.50 0.00	X						0.	0.	0.
(29) CHRISTI SCHENZEL CLARK AT LARGE	0.50 0.00	X						0.	0.	0.
(30) JESSICA CORLEY AT LARGE	0.50 0.00	X						0.	0.	0.
(31) JENNIFER DAWSON AT LARGE	0.50 0.00	X						0.	0.	0.
(32) ANGELA DOTSON AT LARGE	0.50 0.00	X						0.	0.	0.
(33) TIFFANY GILBERT AT LARGE	0.50 0.00	X						0.	0.	0.
(34) MARGARET GRAFF AT LARGE	0.50 0.00	X						0.	0.	0.
(35) JACQUELINE GRAY AT LARGE	0.50 0.00	X						0.	0.	0.
(36) KATE KOPLAN, MD AT LARGE	0.50 0.00	X						0.	0.	0.
(37) GREGORY MCCLENDON AT LARGE	0.50 0.00	X						0.	0.	0.
(38) JEFFREY "JEFF" PLACE AT LARGE (COBB)	0.50 0.00	X						0.	0.	0.
(39) CONDACE PRESSLEY AT LARGE	0.50 0.00	X						0.	0.	0.
(40) ELIZABETH "DALIA" RACINE AT LARGE	0.50 0.00	X						0.	0.	0.
(41) JAMES RICHARDSON, MD AT LARGE	0.50 0.00	X						0.	0.	0.
(42) BRIAN SAPPINGTON AT LARGE	0.50 0.00	X						0.	0.	0.
(43) LYNN STANER AT LARGE	0.50 0.00	X						0.	0.	0.
(44) SCOTT STEARSMAN AT LARGE	0.50 0.00	X						0.	0.	0.
(45) TRACY TECHAU AT LARGE	0.50 0.00	X						0.	0.	0.
(46) KATHY WALLER AT LARGE	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	529,063.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,871,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	82,852,027.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,729,739.			
	h	Total. Add lines 1a-1f		86,252,090.			
Program Service Revenue	2 a	BUILDING INCOME	Business Code 532000	5,325,000.	4,364,200.	960,800.	
	b	PROCESSING & FUNDRAISING FEES	900099	1,355,330.	1,355,330.		
	c	OTHER NON-CAMPAIGN REVENUE	900099	49,492.	49,492.		
	d	LIFE INSURANCE POLICIES	900099	48,645.	48,645.		
	e	211 PROGRAM FEES	900099	37,075.	37,075.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,815,542.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,772,607.		1772607.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				15,946,000.			
	7 b	Less: cost or other basis and sales expenses		15,483,945.			
7 c	Gain or (loss)		462,055.				
d	Net gain or (loss)		462,055.		462,055.		
8 a	Gross income from fundraising events (not including \$ 529,063. of contributions reported on line 1c). See Part IV, line 18		177,710.				
		8 b	Less: direct expenses	347,001.			
c	Net income or (loss) from fundraising events		-169,291.		-169,291.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 b	Less: direct expenses				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	145,458.		145,458.	
	b	REIMBURSEMENTS	900099	125,000.		125,000.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		270,458.			
12	Total revenue. See instructions		95,403,461.	5,854,742.	960,800.	2335829.	

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	56,964,422.	56,964,422.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	772,167.	772,167.		
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	2,726,862.	312,367.	2,002,938.	411,557.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,012,992.	7,573,954.	1,376,334.	5,062,704.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,074,688.	548,865.	155,526.	370,297.
9 Other employee benefits	1,814,453.	807,538.	485,347.	521,568.
10 Payroll taxes	1,265,609.	630,520.	288,043.	347,046.
11 Fees for services (nonemployees):				
a Management				
b Legal	184,500.	113,712.	51,413.	19,375.
c Accounting	236,205.		236,205.	
d Lobbying	300.	300.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	74,809.		74,809.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,295,751.	1,751,947.	330,308.	213,496.
12 Advertising and promotion	163,674.	30,516.	28,000.	105,158.
13 Office expenses	3,882,535.	518,736.	1,247,163.	2,116,636.
14 Information technology				
15 Royalties				
16 Occupancy	2,600,631.	2,061,371.	264,189.	275,071.
17 Travel	18,765.	13,675.	616.	4,474.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	329,743.	230,515.	58,371.	40,857.
20 Interest	-13,635.	5,906.	-19,541.	
21 Payments to affiliates	707,931.	283,172.	424,759.	
22 Depreciation, depletion, and amortization	1,006,155.	753,724.	252,431.	
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 COST OF FOOD	521,630.	521,630.		
b _____				
c _____				
d _____				
e All other expenses _____	1,429,544.	832,959.	386,983.	209,602.
25 Total functional expenses. Add lines 1 through 24e	92,069,731.	74,727,996.	7,643,894.	9,697,841.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	26,988,795.	1	25,411,835.
	2 Savings and temporary cash investments	19,006,617.	2	17,139,253.
	3 Pledges and grants receivable, net	11,809,385.	3	19,445,682.
	4 Accounts receivable, net	4,149,265.	4	2,751,723.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	288,385.	9	161,788.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,880,303.		
	b Less: accumulated depreciation	10b 28,873,774.	10c	7,006,529.
	11 Investments - publicly traded securities	37,695,635.	11	44,563,258.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,136,722.	15	2,153,382.
16 Total assets. Add lines 1 through 15 (must equal line 33)	109,023,182.	16	118,633,450.	
Liabilities	17 Accounts payable and accrued expenses	9,622,834.	17	14,583,488.
	18 Grants payable	480,372.	18	373,872.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,727,322.	25	6,634,559.
	26 Total liabilities. Add lines 17 through 25	17,830,528.	26	21,591,919.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,408,654.	27	54,616,531.
	28 Net assets with donor restrictions	39,784,000.	28	42,425,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,192,654.	32	97,041,531.
33 Total liabilities and net assets/fund balances	109,023,182.	33	118,633,450.	

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	95,403,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,069,731.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,333,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,192,654.
5	Net unrealized gains (losses) on investments	5	1,908,147.
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	607,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,041,531.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)

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 for instructions and the latest information.

OMB No. 1545-0047

2024

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124172021	147366210	97646952.	71718300.	86252090.	527155573
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	124172021	147366210	97646952.	71718300.	86252090.	527155573
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						111227894
6 Public support. Subtract line 5 from line 4.						415927679

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	124172021	147366210	97646952.	71718300.	86252090.	527155573
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	371,991.	465,045.	1013748.	1833309.	1772607.	5456700.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				137,087.	270,458.	407,545.
11 Total support. Add lines 7 through 10						533019818
12 Gross receipts from related activities, etc. (see instructions)					12	25,964,764.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	78.03	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	80.28	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 UNITED WAY OF GREATER ATLANTA, INC	Employer identification number 58-0566194
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	300.													
c Total lobbying expenditures (add lines 1a and 1b)	300.													
d Other exempt purpose expenditures	91,997,280.													
e Total exempt purpose expenditures (add lines 1c and 1d)	91,997,580.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	92,070.	57,434.	22,577.	300.	172,381.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	5,250.				5,250.

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 2 columns: Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 2 columns: Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

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 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.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	6,502,000.	5,965,000.	5,267,000.	5,846,000.	4,648,000.
b Contributions	10,000.		339,000.	271,000.	
c Net investment earnings, gains, and losses	846,000.	801,000.	528,000.	-686,000.	1,342,000.
d Grants or scholarships					
e Other expenditures for facilities and programs		264,000.	169,000.	164,000.	144,000.
f Administrative expenses					
g End of year balance	7,358,000.	6,502,000.	5,965,000.	5,267,000.	5,846,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- 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? | | |
- 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		4,390,429.		4,390,429.
b Buildings		26,812,751.	24,910,876.	1,901,875.
c Leasehold improvements				
d Equipment		4,677,123.	3,962,898.	714,225.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,006,529.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED ALLOCATIONS PAYABLE	6,416,388.
(3) OPERATING LEASE LIABILITY	218,171.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,634,559.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	86,993,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,908,147.	
	b Donated services and use of facilities	2b	14,200.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,922,347.	
3	Subtract line 2e from line 1		3	85,070,653.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,809.	
	b Other (Describe in Part XIII.)	4b	10,257,999.	
	c Add lines 4a and 4b	4c	10,332,808.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	95,403,461.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	85,819,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	14,200.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	347,001.	
	e Add lines 2a through 2d	2e	361,201.	
3	Subtract line 2e from line 1		3	85,457,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,809.	
	b Other (Describe in Part XIII.)	4b	6,537,000.	
	c Add lines 4a and 4b	4c	6,611,809.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	92,069,731.

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 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, 2025.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	6,537,000.
NONOPERATING INVESTMENT RETURN	4,068,000.
DIRECT FUNDRAISING EVENT EXPENSES	-347,001.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,257,999.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	347,001.
-----------------------------------	----------

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 6,537,000.

Multiple horizontal lines for supplemental information.

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)	BAAP LUNCHEON (event type)	1 (total number)		
Revenue	1	Gross receipts	196,040.	468,050.	42,683.	706,773.
	2	Less: Contributions	165,540.	361,340.	2,183.	529,063.
	3	Gross income (line 1 minus line 2)	30,500.	106,710.	40,500.	177,710.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	117,724.	207,079.	22,198.	347,001.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				347,001.
11	Net income summary. Subtract line 10 from line 3, column (d)				-169,291.	

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			
	2	Cash prizes			
Direct Expenses	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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

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	501C3	25,000.	0.			GENERAL SUPPORT
100 BLACK TRANS MEN INC. 390 17TH ST NW UNIT 6035 ATLANTA, GA 30363	93-1458943	501C3	10,000.	0.			GENERAL SUPPORT
AFRICA'S CHILDREN'S FUND INC. 6815 WYNBROOKE CV STONE MOUNTAIN, GA 30087	58-2101991	501C3	50,000.	0.			GENERAL SUPPORT
AGAPE YOUTH & FAMILY CENTER 2210 MARIETTA BLVD ATLANTA, GA 30318	58-2372950	501C3	50,000.	0.			GENERAL SUPPORT
ALBANY AREA YMCA 1701 GILLIONVILLE RD ALBANY, GA 31707	58-0610051	501C3	50,000.	0.			GENERAL SUPPORT
ALLIANCE THEATRE 1280 PEACHTREE ST NE ATLANTA, GA 30309	58-0633971	501C3	40,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **203.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

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
AMANI WOMEN CENTER 3777 CHURCH STREET CLARKSTON, GA 30021	20-8795120	501C3	44,000.	0.			GENERAL SUPPORT
ANDREW P. STEWART CENTER P.O. BOX 17772 ATLANTA, GA 30316	58-2204831	501C3	20,000.	0.			GENERAL SUPPORT
ANTIOCH URBAN MINISTRIES 540 CAMERON ALEXANDER BLVD. NW ATLANTA, GA 30318-7034	58-1972467	501C3	19,440.	0.			GENERAL SUPPORT
ATLANTA CENTER FOR SELF SUFFICIENCY - 18 WILLIAM HOMES BOARDS DR NE - ATLANTA, GA 30312	58-1479816	501C3	25,000.	0.			GENERAL SUPPORT
ATLANTA CHILDREN'S SHELTER P. O. BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501C3	25,000.	0.			GENERAL SUPPORT
ATLANTA DOWNTOWN IMPROVEMENT DISTRICT - 84 WALTON STREET NW SUITE 500 - ATLANTA, GA 30303	58-2218795	501C3	30,000.	0.			GENERAL SUPPORT
ATLANTA LEGAL AID SOCIETY, INC. 54 ELLIS STREET, NE ATLANTA, GA 30303	58-0568691	501C3	25,000.	0.			GENERAL SUPPORT
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVENUE SW ATLANTA, GA 30302	30-4461426	501C3	305,000.	0.			GENERAL SUPPORT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PKWY, NW ATLANTA, GA 30327	58-0566198	501C3	2,472,000.	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.)							
(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 TECHNICAL COLLEGE 1560 METROPOLITAN PARKWAY SW ATLANTA, GA 30310	58-2582973	501C3	25,000.	0.			GENERAL SUPPORT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE - ATLANTA, GA 30303	58-1364400	501C3	114,000.	0.			GENERAL SUPPORT
ATLANTA WEALTH BUILDING INITIATIVE 504 FAIR STREET, SW ATLANTA, GA 30313	46-2239585	501C3	50,000.	0.			GENERAL SUPPORT
AUDITORY-VERBAL CENTER OF ATLANTA 1875 CENTURY BLVD NE, STE. 200 ATLANTA, GA 30345	58-1305600	501C3	25,000.	0.			GENERAL SUPPORT
BARRED BUSINESS FOUNDATION CO 4217 VIEWPOINT TRAIL ELLENWOOD, GA 30294	87-1392944	501C3	50,000.	0.			GENERAL SUPPORT
BELOVED ATLANTA 50 SUNSET AVE ATLANTA, GA 30314	45-5548365	501C3	10,000.	0.			GENERAL SUPPORT
BEYOND LITERACY 211 N. 13TH STREET 4TH FLOOR PHILADELPHIA, PA 19107	23-7043544	501C3	14,912.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF METRO ATLANTA - 680 MURPHY AVE, SUITE 1090 - ATLANTA, GA 30310	58-0861895	501C3	50,000.	0.			GENERAL SUPPORT
BLACK BELT COMMUNITY FOUNDATION P.O. BOX 20202 SELMA, AL 36702	63-1270745	501C3	25,000.	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
BLACK CHILD DEVELOPMENT INSTITUTE (BCDI) - ATLANTA - 50 SUNSET AVE NW #92759 - ATLANTA, GA 30314	85-1175640	501C3	156,000.	0.			GENERAL SUPPORT
BLOOM OUR YOUTH INC 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501C3	50,000.	0.			GENERAL SUPPORT
BOSS KING ENTERPRISES INC 125 OLDE TOWNE DR STATESBORO, GA 30458	88-1540580	501C3	50,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF LANIER P.O. BOX 691 GAINESVILLE, GA 30503	58-0656890	501C3	50,000.	0.			GENERAL SUPPORT
BREAD OF LIFE DEVELOPMENT MINISTRIES - P.O. BOX 1611 - CONYERS, GA 30012	20-8369872	501C3	50,000.	0.			GENERAL SUPPORT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT RD NE ATLANTA, GA 30305	58-1748786	501C3	25,000.	0.			GENERAL SUPPORT
BVM CAPACITY BUILDING INSTITUTE INC. - 4751 BEST RD. STE 200 - ATLANTA, GA 30337	82-3835203	501C3	50,000.	0.			GENERAL SUPPORT
CANOPY ATLANTA 504 E. ONTARIO AVENUE SW ATLANTA, GA 30310	85-0694979	501C3	25,000.	0.			GENERAL SUPPORT
CARERRISE INC 261 JOSEPH E. LOWERY BLVD NW ATLANTA, GA 30314	87-0904286	501C3	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.)							
(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
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY DECATUR, GA 30033	56-2370081	501C3	65,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 2401 LAKE PARK DRIVE, SE ATLANTA, GA 30080	58-1097003	501C3	75,000.	0.			GENERAL SUPPORT
CENTRAL FLORIDA YMCA 433 NORTH MILLS AVENUE ORLANDO, FL 32803	59-3750283	501C3	22,820.	0.			GENERAL SUPPORT
CHEROKEE FAMILY VIOLENCE CENTER P.O. BOX 489 CANTON, GA 30114	58-1650925	501C3	50,000.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF FLORIDA 5768 S. SEMORAN BLVD ORLANDO, FL 32822	59-0192430	501C3	27,256.	0.			GENERAL SUPPORT
CHILDRENS MUSEUM OF ATLANTA 275 CENTENNIAL OLYMPIC PARK DR NW ATLANTA, GA 30313	58-1785484	501C3	50,000.	0.			GENERAL SUPPORT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501C3	50,000.	0.			GENERAL SUPPORT
CLARKSTON DEVELOPMENT FOUNDATION P.O. BOX 529 CLARKSTON, GA 30021	27-2014061	501C3	205,000.	0.			GENERAL SUPPORT
CLAYTON COUNTY PUBLIC SCHOOL 1058 FIFTH AVENUE JONESBORO, GA 30236	45-4281815	501C3	101,524.	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
COBB COLLABORATIVE INC 940 CONCORD ROAD SMYRNA, GA 30080	58-2278352	501C3	103,000.	0.			GENERAL SUPPORT
COBB COMMUNITY FOUNDATION INC. 1100 CIRCLE 75 PKWY SUITE 1000 ATLANTA, GA 30339	20-5652970	501C3	35,000.	0.			GENERAL SUPPORT
COBB WORKS! INC. 463 COMMERCE PARK DR. MARIETTA, GA 30060	58-2635833	501C3	125,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CATOOSA COUNTY - 2 BARNHARDT CIR - FORT OGLETHORPE, GA 30742	58-2437803	501C3	50,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GEORGIA 565 NORTHSIDE DR SW ATLANTA, GA 30310	58-1912923	501C3	50,000.	0.			GENERAL SUPPORT
COMMUNITY ASSISTANCE CENTER, INC 1130 HIGHTOWER TRAIL ATLANTA, GA 30350	58-1825565	501C3	41,000.	0.			GENERAL SUPPORT
COMMUNITY FARMERS MARKETS 1039 GRANT STREET ATLANTA, GA 30315	27-5262520	501C3	43,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER ATLANTA - 191 PEACHTREE ST. STE 1000 - ATLANTA, GA 30303	58-1344646	501C3	75,000.	0.			GENERAL SUPPORT
CONCRETE JUNGLE 1050 OAKLEIGH DR ATLANTA, GA 30344	90-0730229	501C3	37,500.	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
COR INC 55 MCDONOUGH BLVD SE ATLANTA, GA 30315	32-0600603	501C3	7,000.	0.			GENERAL SUPPORT
CROSSROADS COMMUNITY MINISTRIES P.O. BOX 55397 ATLANTA, GA 30308	58-2235391	501C3	975,857.	0.			GENERAL SUPPORT
DEEP CENTER INCORPORATED PO BOX 5582 SAVANNAH, GA 31414	26-1706426	501C3	35,000.	0.			GENERAL SUPPORT
DREAM IT FORWARD FOUNDATION INC 3980 N EXPY SUNNY SIDE, GA 30284	46-4493080	501C3	50,000.	0.			GENERAL SUPPORT
EARLY LEARNING PROPERTY MANAGEMENT 3715 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-2491036	501C3	1,550,000.	0.			GENERAL SUPPORT
EAST LAKE FOUNDATION 2606 ALSTON DR ATLANTA, GA 30317	58-2204306	501C3	65,000.	0.			GENERAL SUPPORT
EASTER SEALS OF NORTH GEORGIA 815 PARK NORTH BLVD CLARKSTON, GA 30021-6201	58-1919768	501C3	35,000.	0.			GENERAL SUPPORT
EMORY SCHOOL OF LAW 130 CLIFTON RD, NE ATLANTA, GA 30322	58-0566256	501C3	150,000.	0.			GENERAL SUPPORT
EMORY UNIVERSITY PHILANTHROPY LAB 1599 CLIFTON RD, NE 4TH FLOOR ATLANTA, GA 30322	58-0566256	501C3	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.)							
(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
EQ HOUSING ADVISORS INC. 5225 LONG ISLAND DRIVE ATLANTA, GA 30327	92-1353808	501C3	90,000.	0.			GENERAL SUPPORT
FAIR COUNT 464 BOULEVARD SE ATLANTA, GA 30312	58-2421574	501C3	50,000.	0.			GENERAL SUPPORT
FAYETTE COUNTY COUNCIL ON DOMESTIC VIOLENCE - P.O. BOX 854 - FAYETTEVILLE, GA 30224	58-1826445	501C3	526,460.	0.			GENERAL SUPPORT
FCS INNOVATION ACADEMY FOUNDATION 125 MILTON AVENUE ALPHARETTA, GA 30009	87-1971043	501C3	19,000.	0.			GENERAL SUPPORT
FERST READERS P.O. BOX 1327 MADISON, GA 30650	58-2489181	501C3	6,630.	0.			GENERAL SUPPORT
FIRST STEP STAFFING INC 236 AUBURN AVE NE STE 203 ATLANTA, GA 30303	20-8038859	501C3	25,000.	0.			GENERAL SUPPORT
FOUNDATION FOR THE CAROLINAS 200 SOUTH COLLEGE STREET FLOOR 1 CHARLOTTE, NC 28202	56-6047886	501C3	37,413.	0.			GENERAL SUPPORT
FREERENT FOUNDATION INC. P.O. BOX 6012 ATLANTA, GA 31107	85-0595901	501C3	140,000.	0.			GENERAL SUPPORT
FRESH FILMS 1700 NORTHSIDE DRIVE NW., SUITE A7- ATLANTA, GA 30318	32-0246706	501C3	125,000.	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.)							
(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
FRONTLINE HOUSING INC. 245 N HIGHLAND AVE ATLANTA, GA 30307	84-4391959	501C3	4,823,453.	0.			GENERAL SUPPORT
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE SW ATLANTA, GA 30310	58-1815194	501C3	102,300.	0.			GENERAL SUPPORT
FURTHERING FATHERING CORP 31 E RAYMOND AVE. ROOSEVELT, NY 11575	46-2381169	501C3	30,000.	0.			GENERAL SUPPORT
GA ASSOCIATION FOR THE EDUCATION OF YOUTH CHILDREN - P. O. BOX 49361 - ATLANTA, GA 30359	23-7036993	501C3	75,000.	0.			GENERAL SUPPORT
GATE CITY DAY NURSERY ASSOCIATION P.O. BOX 42467 ATLANTA, GA 30311	58-0593408	501C3	25,000.	0.			GENERAL SUPPORT
GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303	26-1193832	501C3	276,000.	0.			GENERAL SUPPORT
GEEARS (GA EARLY EDUCATION ALLIANCE FOR READY STUDENTS) - 3400 PEACHTREE RD N.E. - ATLANTA, GA 30326	46-4250104	501C3	593,000.	0.			GENERAL SUPPORT
GENERATION GAP INC 190 LOCUST ST. NE ATLANTA, GA 30317	46-4235436	501C3	75,000.	0.			GENERAL SUPPORT
GENTS&GLAM COMMUNITY, FAMILY AND YOUTH SERVICES - 348 PENNIMAN STREET - BAXLEY, GA 31513	83-2161073	501C3	15,000.	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.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA APPEESED 1600 PARKWOOD CIR SE ATLANTA, GA 30339	20-4036923	501C3	150,000.	0.			GENERAL SUPPORT
GEORGIA BUILDING TRADES ACADEMY 501 PULLIAM STREET SW ATLANTA, GA 30312	31-1778416	501C3	135,000.	0.			GENERAL SUPPORT
GEORGIA FAMILY CONNECTION PARTNERSHIP, INC. - 235 PEACHTREE STREET, N.W., STE. #1600 - ATLANTA, GA 30303	58-1888262	501C3	175,000.	0.			GENERAL SUPPORT
GEORGIA PUBLIC BROADCASTING 260 14TH STREET, NW ATLANTA, GA 30318-5360	58-1496258	501C3	8,000.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSIRY P. O. BOX 3999 ATLANTA, GA 30302	58-6033185	501C3	80,500.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSITY RESEARCH P.O. BOX 5317 ATLANTA, GA 31107	58-1845423	501C3	87,500.	0.			GENERAL SUPPORT
GILGAL, INC. 541 MOBILE AVENUE ATLANTA, GA 30315	41-2176125	501C3	25,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN ROAD MABLETON, GA 30126	58-0566190	501C3	150,000.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF GREATER ATLANTA - 1100 PEACHTREE ST NE SITE 200 - ATLANTA, GA 30309	58-1276804	501C3	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.)							
(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
GRADY HEALTH SYSTEMS P.O. BOX 935916 ATLANTA, GA 31193-5916	58-2130437	501C3	531,000.	0.			GENERAL SUPPORT
GWINNETT RELIEF, INC. 3898 LAURENS LANE SNELLVILLE, GA 30039	93-4141832	501C3	9,500.	0.			GENERAL SUPPORT
HAND, HEART, AND SOUL PROJECT 993 FORREST AVENUE FOREST PARK, GA 30297	82-1127395	501C3	142,000.	0.			GENERAL SUPPORT
HANDS ON RECOVERY AND WELLNESS CENTER - 5625 JACKSON FARMS DRIVE - LILBURN, GA 30047	87-3239033	501C3	39,500.	0.			GENERAL SUPPORT
HEARTS TO NOURISH HOPE INC. 640 HWY 138 SW RIVERDALE, GA 30274	58-2164638	501C3	151,000.	0.			GENERAL SUPPORT
HIGHLANDER EDUCATION AND EDUCATION CNTR - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501C3	75,000.	0.			GENERAL SUPPORT
HILLSIDE INC 690 COURTENAY DRIVE NE ATLANTA, GA 30306	58-0603148	501C3	50,000.	0.			GENERAL SUPPORT
HOME TRAINING INSTITUTE, INC. 1441 WOODMONT LN NW, #1575 ATLANTA, GA 30318	20-0167863	501C3	44,120.	0.			GENERAL SUPPORT
HOMES OF LIGHT LLC 4426 HUGH HOWELL ROAD TUCKER, GA 30084	45-2653565	501C3	715,940.	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.)							
(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
HOPE ATLANTA 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	58-0566247	501C3	119,508.	0.			GENERAL SUPPORT
HOUSE OF CHERITH 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	82-5393648	501C3	75,000.	0.			GENERAL SUPPORT
HOUSING PLUS INC 245 N HIGHLAND AVE NE ATLANTA, GA 30307	83-1195687	501C3	1,703,096.	0.			GENERAL SUPPORT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY - 4282 MEMORIAL DRIVE - DECATUR, GA 30032	20-1060068	501C3	50,000.	0.			GENERAL SUPPORT
INSPIREDU INC 1550 SOUTHLAND CIRCLE NW STE 200 ATLANTA, GA 30318	84-3606525	501C3	70,000.	0.			GENERAL SUPPORT
INSPIRITUS INC 731 PEACHTREE ST., STE B ATLANTA, GA 30308	58-1535692	501C3	75,000.	0.			GENERAL SUPPORT
INTERFAITH CHILDREN'S MOVEMENT OF METRO ATLANTA - 1708 PEACHTREE STREET - ATLANTA, GA 30309	03-0457770	501C3	150,000.	0.			GENERAL SUPPORT
INTOWN COLLABORATIVE INDUSTRIES 1026 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501C3	126,640.	0.			GENERAL SUPPORT
JESSYE NORMAN SCHOOL OF THE ARTS, INC. - 739 GREENE STREET - AUGUSTA, GA 30901	31-1776667	501C3	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.)

(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
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD. ATLANTA, GA 30338	58-1479212	501C3	200,000.	0.			GENERAL SUPPORT
JUMPSTART FOR YOUNG CHILDREN 308 CONGRESS STREET, 6TH FLOOR BOSTON, MA 02210	04-3262046	501C3	125,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA - 1130 COCONUT CREEK BLVD - COCONUT CREEK, FL 33066	59-0871446	501C3	6,821.	0.			GENERAL SUPPORT
KENNESAW STATE UNIVERSITY RESEACH AND SERVICE FOUNDATION - 585 COBB AVE - KENNESAW, GA 30178	37-1535589	501C3	20,000.	0.			GENERAL SUPPORT
KIPP METRO ATLANTA 1445 MAYNARD ROAD NW ATLANTA, GA 30331	27-0564258	501C3	1,415,000.	0.			GENERAL SUPPORT
LAAMISTAD 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501C3	25,000.	0.			GENERAL SUPPORT
LEADING TO MOVEMENT INC 665 BERNIE STREET SE ATLANTA, GA 30312	82-1427683	501C3	193,000.	0.			GENERAL SUPPORT
LEARN4LIFE 191 PEACHTREE STREET NE, STE 1000 ATLANTA, GA 30303	58-1344646	501C3	289,500.	0.			GENERAL SUPPORT
LIVESAFE RESOURCES, INC. 48 HENDERSON STREET SW MARIETTA, GA 30064	58-0617782	501C3	18,000.	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.)							
(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
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY, NE SANDY SPRINGS, GA 30328	20-0840930	501C3	50,000.	0.			GENERAL SUPPORT
LOS VECINOS DE BUFORD HIGHWAY P.O. BOX 48046 ATLANTA, GA 30362	82-3973974	501C3	149,000.	0.			GENERAL SUPPORT
MARIETTA SCHOOLS FOUNDATION 144 POLK STREET NW MARIETTA, GA 30064	58-1524893	501C3	1,131,000.	0.			GENERAL SUPPORT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501C3	37,000.	0.			GENERAL SUPPORT
MCINTOSH HIGH SCHOOL 201 WALT BANKS RD. PEACHTREE CITY, GA 30269	31-1842797	501C3	12,500.	0.			GENERAL SUPPORT
MEN & WOMEN OF TRUTH SOBER LIVING 3071 EASTLAND WAY SNELLVILLE, GA 30078	46-2767018	501C3	90,825.	0.			GENERAL SUPPORT
MENTOR GEORGIA 1240 SOUTH LUMPKIN ST ATHENS, GA 30602	33-2155126	501C3	51,829.	0.			GENERAL SUPPORT
METAMORPHASIS POWERHOUSE COMPANY INC. - 309 SHYRE LAKE LANE - MCDONOUGH, GA 30253	01-0612407	501C3	25,000.	0.			GENERAL SUPPORT
MIGHTY HERO HOME FOUNDATION P.O. BOX 454 MCDONOUGH, GA 30253	87-3826552	501C3	15,000.	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.)							
(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
MLK SR. COMMUNITY RESOURCES COLLABORATIVE - 101 JACKSON ST, NE - ATLANTA, GA 30312	46-4284316	501C3	20,000.	0.			GENERAL SUPPORT
MOTHERHOOD BEYOND BARS 1799 BRIARCLIFF RD. ATLANTA, GA 30333	83-2001383	501C3	10,000.	0.			GENERAL SUPPORT
MOUNT ZION COMMUNITY REINVESTMENT CORP - P.O. BOX 71586 - ALBANY, GA 31708	58-2570480	501C3	50,000.	0.			GENERAL SUPPORT
MULTI-AGENCY ALLIANCE FOR CHILDREN INC. - 225 PEACHTREE ST, NE - ATLANTA, GA 30303	58-2374925	501C3	340,000.	0.			GENERAL SUPPORT
MUST MINISTRIES P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501C3	25,000.	0.			GENERAL SUPPORT
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE ATLANTA, GA 30345	30-0130066	501C3	50,000.	0.			GENERAL SUPPORT
NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD DECATUR, GA 30034	58-2616862	501C3	50,000.	0.			GENERAL SUPPORT
NEXT GENERATION FOCUS 5950 WORTHINGTON COURT CUMMING, GA 30040	41-2264512	501C3	50,000.	0.			GENERAL SUPPORT
NICHOLAS HOUSE INC. P.O. BOX 15577 ATLANTA, GA 30333	58-1762614	501C3	223,310.	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.)							
(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
NOOR FAMILY SERVICES CORPORATION P.O. BOX 3204 SUWANEE, GA 30024	81-2563539	501C3	30,000.	0.			GENERAL SUPPORT
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501C3	31,000.	0.			GENERAL SUPPORT
NSORO FOUNDATION 667 FAIRBURN RD NW ATLANTA, GA 30331	87-0758361	501C3	65,000.	0.			GENERAL SUPPORT
ONEGOAL METRO ATLANTA 180 N WABASH AVE CHICAGO, IL 60601	56-2369898	501C3	25,000.	0.			GENERAL SUPPORT
ONESOURCE LEARNING & DEVELOPMENT CENTER - 4002 HIGHWAY 78 W STE STE 530-347 - SNELLVILLE, GA 30039	45-2901255	501C3	50,000.	0.			GENERAL SUPPORT
OUR HOUSE 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501C3	90,000.	0.			GENERAL SUPPORT
PAD 236 FORSYTH ST SW, STE 200 ATLANTA, GA 30303	86-3382851	501C3	35,000.	0.			GENERAL SUPPORT
PAMPER ME BEAUTIFUL, INC. 957 MAIN ST. STONE MOUNTAIN, GA 30083	93-3354652	501C3	158,450.	0.			GENERAL SUPPORT
PARAGON COOPERATIVE FOR LITERACY IN INFORMED CONSENT KNOWLEDGE & SUS - 3900 CROWN RD STE 16709 - ATLANTA, GA 30304	87-3490610	501C3	10,000.	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.)

(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
PARTNERS FOR HOME 818 POLLARD BLVD SW ATLANTA, GA 30315	47-3476724	501C3	1,680,352.	0.			GENERAL SUPPORT
PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P.O. BOX 170225 - ATLANTA, GA 30317	58-1314556	501C3	100,000.	0.			GENERAL SUPPORT
PHILADELPHIA CITY ROWING 450 PLYMOUTH ROAD STE 305A PLYMOUTH MEETING, PA 19462	27-1522343	501C3	14,912.	0.			GENERAL SUPPORT
POLYANNA 'S PLACE 1944 LYLE AVENUE COLLEGE PARK, GA 30337	47-5174549	501C3	281,667.	0.			GENERAL SUPPORT
PREMIER ACADEMY INC 120 RENAISSANCE PKWY NE ATLANTA, GA 30308	58-1169016	501C3	25,000.	0.			GENERAL SUPPORT
PROJECT COMMUNITY CONNECTIONS, INC. - 302 DECATUR ST. NE - ATLANTA, GA 30312	58-2373779	501C3	50,000.	0.			GENERAL SUPPORT
PROJECT RENEWAL DOMESTIC VIOLENCE P.O. BOX 1205 CONYERS, GA 30012	58-2397407	501C3	206,000.	0.			GENERAL SUPPORT
PUBLIC WORKS ALLIANCE 801 COLD SPRINGS RD. SANTA BARBARA, CA 93108	87-2189871	501C3	25,000.	0.			GENERAL SUPPORT
PURSUIT OF INNOVATION PO BOX 8400 DES MOINES, IA 52601	47-1895137	501C3	19,946.	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
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY ATLANTA, GA 30324	58-2400285	501C3	1,725,500.	0.			GENERAL SUPPORT
RAISING EXPECTATIONS INC P.O. BOX 92814 ATLANTA, GA 30314	58-2395581	501C3	70,000.	0.			GENERAL SUPPORT
RE:IMAGINE/ATL 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501C3	10,000.	0.			GENERAL SUPPORT
REACH OUT AND READ, INC. 89 SOUTH STREET BOSTON, MA 02111	04-3481253	501C3	250,000.	0.			GENERAL SUPPORT
ROCKDALE COUNTY EMERGENCY RELIEF FUND INC. - PO BOX 80369 - CONYERS, GA 02111	51-0195410	501C3	15,000.	0.			GENERAL SUPPORT
S.H.A.R.E. HOUSE P.O. BOX 723 DOUGLASVILLE, GA 30013-8369	58-1911431	501C3	50,000.	0.			GENERAL SUPPORT
SER FAMILIA, INC. 209 NORTHBRIDGE DRIVE ACWORTH, GA 30101	35-2166123	501C3	25,000.	0.			GENERAL SUPPORT
SHARE THE MAGIC FOUNDATION, INC. 2870 PEACHTREE ROAD, #109 ATLANTA, GA 30305	81-1221582	501C3	40,000.	0.			GENERAL SUPPORT
SHELTERING ARMS GEORGIA 385 CENTENNIAL OLYMPIC PARK DR ATLANTA, GA 30313	58-0566236	501C3	527,000.	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
SINGLE PARENT ALLIANCE & RESOURCE CENTER - 706 TREETRAIL PARKWAY - NORCROSS, GA 30093	58-2605168	501C3	544,800.	0.			GENERAL SUPPORT
SOUTH GA STARZ ACADEMY INC 1300 W. BROAD ALBANY, GA 31721	46-2301066	501C3	50,000.	0.			GENERAL SUPPORT
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON STREET NW ATLANTA, GA 30303	62-1025326	501C3	35,000.	0.			GENERAL SUPPORT
SOUTHSIDE RECREATION CENTER INC 604 S. OAK STREET VALDOSTA, GA 31601	58-0977252	501C3	43,000.	0.			GENERAL SUPPORT
ST PHILIP AME CHURCH 240 CANDLER ROAD SE ATLANTA, GA 30317	58-1333986	501C3	13,500.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY 2050-C CHAMBLEE TUCKER RD. CHAMBLEE, GA 30341	58-1981270	501C3	488,000.	0.			GENERAL SUPPORT
STRIVE ATLANTA 1270 CAROLINE STREET ATLANTA, GA 30307	13-3255679	501C3	85,000.	0.			GENERAL SUPPORT
TAPESTRI PMB 362 3939 LAVISTA RD. TUCKER, GA 30084	04-3678798	501C3	50,000.	0.			GENERAL SUPPORT
TEACH O REA PREPATORY PRESCHOOL 791 RAYS ROAD STONE MOUNTAIN, GA 30083	20-8507403	501C3	40,000.	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
TECHBRIDGE 1360 PEACHTREE ST NE ATLANTA, GA 30309	58-2531971	501C3	10,000.	0.			GENERAL SUPPORT
THE CENTER FOR FAMILY RESOURCES 400 FRANKLIN GATEWAY SE MARIETTA, GA 30067	58-0876634	501C3	187,900.	0.			GENERAL SUPPORT
THE COMMUNITY RESTORATION PROJECT CORP - 3726 E MAIN STREET - COLLEGE PARK, GA 30337	85-1962631	501C3	1,170,234.	0.			GENERAL SUPPORT
THE COUNCIL FOR PROFESSIONAL RECOGNITION - 1441 L STREET NW - WASHINGTON, DC 20005	52-1410357	501C3	25,540.	0.			GENERAL SUPPORT
THE DR. ANNISE MABRY FOUNDATION P.O. BOX 114 PORTERDALE, GA 30070	81-1923905	501C3	15,000.	0.			GENERAL SUPPORT
THE GA FOUNDATION FOR EARLY CARE AND LEARNING - 2 MARTIN LUTHER KING JR. DRIVE - ATLANTA, GA 30334	82-1606831	501C3	310,000.	0.			GENERAL SUPPORT
THE GREENLIGHT FUND 50 MILK STREET 16TH FLOOR BOSTON, MA 02109	20-0407083	501C3	50,000.	0.			GENERAL SUPPORT
THE HIGHLAND PROJECT 71 W. 85TH STREET NEW YORK, NY 10024	85-4241927	501C3	50,000.	0.			GENERAL SUPPORT
THE LINK COUNSELING CENTER 348 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-1109087	501C3	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
THE ODYSSEY FAMILY COUNSELING CENTER - 1919 JOHN WESLEY AVE - COLLEGE PARK, GA 30337	58-1295404	501C3	51,000.	0.			GENERAL SUPPORT
THE PARTNERSHIP FOR SOUTHERN EQUITY - 55 IVAN ALLEN JR, BLVD NW - ATLANTA, GA 30308	27-4424115	501C3	125,000.	0.			GENERAL SUPPORT
THE SCHOLARSHIP ACADEMY 215 LAKEWOOD WAY ATLANTA, GA 30315	20-3721836	501C3	121,250.	0.			GENERAL SUPPORT
THE WELTH HOUSE 5125 BARRINGTON TRACE DRIVE SW ATLANTA, GA 30331	93-3353540	501C3	10,000.	0.			GENERAL SUPPORT
THREE SEED COLLABORATIVE 1492 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	85-0868883	501C3	25,000.	0.			GENERAL SUPPORT
THRIVE YOUTH DEVELOPMENT, INC. P.O. BOX 143676 FAYETTEVILLE, GA 30214	13-4252063	501C3	25,000.	0.			GENERAL SUPPORT
TOGETHER FRIENDS ORGANIZATION INC. 1215 MILLWOOD DRIVE RIVERDALE, GA 30296	38-2499298	501C3	50,000.	0.			GENERAL SUPPORT
TRANS JUSTICE HOUSING PROJECT INC. 454 IRWIN ST NE, STE 208 ATLANTA, GA 30312	85-1636168	501C3	10,000.	0.			GENERAL SUPPORT
TURNER CHAPEL AWE CHURCH 492 NORTH MAIRETTA PARKWAY MARIETTA, GA 30060	58-2317439	501C3	8,942.	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
UBUNTU COMMUNITY CATALYST P.O. BOX 87403 ATLANTA, GA 30337	85-0650634	501C3	50,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL RD STE 420 - VIENNA, VA 22182	53-0234290	501C3	28,192.	0.			GENERAL SUPPORT
UNIVERSITY OF GEORGIA RESEARCH 310 EAST CAMPUS ROAD ATHENS, GA 30602-1589	58-1353149	501C3	85,000.	0.			GENERAL SUPPORT
URBAN LEAGUE OF GREATER ATLANTA 230 PEACHTREE STREET NE ATLANTA, GA 30303	58-0593386	501C3	11,000.	0.			GENERAL SUPPORT
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501C3	11,958.	0.			GENERAL SUPPORT
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST ATLANTA, GA 30303	02-0678823	501C3	228,000.	0.			GENERAL SUPPORT
WE LOVE BUFORD HIGHWAY, INC. 130 SADDLE CREEK COURT ROSWELL, GA 30076	82-2154696	501C3	25,000.	0.			GENERAL SUPPORT
WELLSPRING LIVING 1040 BOULVERD SE SUITE M ATLANTA, GA 30312	58-2614182	501C3	50,000.	0.			GENERAL SUPPORT
WHITEFOORD COMMUNITY PROGRAM 1353 GEORGE W BRUMLEY WAY SE ATLANTA, GA 30317	58-2180056	501C3	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
WINGS FOR KIDS 1465 NORTHSIDE DRIVE NW ATLANTA, GA 30318	57-1055054	501C3	50,000.	0.			GENERAL SUPPORT
WOMEN MOVING ON INC. (DBA WOMEN'S RESOURCE CENTER TO END DOMESTIC VIOLENCE) - P.O. BOX 171 - DECATUR, GA 30318	58-1698233	501C3	8,000.	0.			GENERAL SUPPORT
WOMEN ON THE RISE GA, INC. 504 SUMMER BROOKE LANE FAIRBURN, GA 30031	99-4304846	501C3	35,000.	0.			GENERAL SUPPORT
YMCA OF METROPOLITAN ATLANTA 569 MARTIN LUTHER KING JR DR NW ATLANTA, GA 30314	58-0566253	501C3	650,000.	0.			GENERAL SUPPORT
YOUTH EMPOWERMENT SUCCESS SERVICES 255 N. MAIN STREET JONESBORO, GA 30237	81-0689148	501C3	26,400.	0.			GENERAL SUPPORT
ZABAN PARADIES CENTER 1605 PEACHTREE STREET NE ATLANTA, GA 30309	27-0728201	501C3	793,768.	0.			GENERAL SUPPORT
ZION HILL COMMUNITY DEVELOPMENT 2741 BAYARD STREET EAST POINT, GA 30344	81-0590367	501C3	126,000.	0.			GENERAL SUPPORT
YOUTH EMPOWERMENT THROUGH LEARNING, LEADING AND SERVING - 1156 PIEDMONT AVENUE #B6 - ATLANTA, GA 30309	27-0900525	501C3	50,000.	0.			GENERAL SUPPORT

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	625	772,167.	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:
 FOR NEARLY 120 YEARS, UNITED WAY OF GREATER ATLANTA (UWGA) HAS BEEN A DRIVING FORCE FOR COMMUNITY PROGRESSMOBILIZING PEOPLE, RESOURCES, AND PARTNERSHIPS TO CREATE LASTING, MEASURABLE CHANGE. FOUNDED IN 1905 IN RESPONSE TO A DEVASTATING SNOW AND ICE STORM, UWGA EMERGED FROM AN URGENT HUMANITARIAN EFFORT INTO ONE OF THE REGION'S MOST TRUSTED ANCHOR INSTITUTIONS. OVER TIME, THE ORGANIZATION HAS LED INNOVATIVE SOLUTIONS ADDRESSING THE INTERCONNECTED NEEDS OF HOUSING, HEALTHCARE, EDUCATION, ECONOMIC STABILITY, AND CAREER READINESS. TODAY, UWGA ANCHORS A REGIONWIDE MOVEMENT FOCUSED EXPLICITLY ON IMPROVING CHILD WELLBEING. THROUGH TOOLS SUCH AS THE CHILD WELLBEING INDEX AND THE NATION'S FIRST 211 CONTACT CENTER, UWGA USES DATA, COMMUNITY VOICE, AND CROSSECTOR COLLABORATION TO ALIGN RESOURCES AND DRIVE IMPACT. THIS COMMITMENT IS OPERATIONALIZED THROUGH STRATEGIC GRANTMAKING, INCLUDING THE CHILD WELLBEING IMPACT FUND, GOVERNMENT GRANTS, AND TARGETED PHILANTHROPIC INVESTMENTS. UWGA MAINTAINS RIGOROUS ACCOUNTABILITY FOR ALL FUNDED PROGRAMS. GRANTEEES ADHERE TO MINIMUM REPORTING REQUIREMENTS, SUBMITTING DEMOGRAPHIC, OUTCOME, AND FINANCIAL DATA THROUGH A CENTRALIZED ONLINE GRANTS MANAGEMENT SYSTEM. STAFF ANALYZE THIS

Part IV Supplemental Information

DATA AND SHARE INSIGHTS WITH BOARDLEVEL COMMITTEES TO ASSESS PROGRESS, CHALLENGES, AND FISCAL STABILITY. BY PAIRING INNOVATION WITH STRONG STEWARDSHIP, UWGA ENSURES THAT PHILANTHROPIC AND PUBLIC INVESTMENTS TRANSLATE INTO MEANINGFUL, MEASURABLE OUTCOMESADVANCING A REGION WHERE EVERY CHILD HAS THE OPPORTUNITY TO THRIVE.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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	(iv) Other reportable compensation				
(1) MILTON LITTLE, JR. CEO	(i) 470,198. (ii) 0.	(ii) 30,000. (iii) 0.	(iii) 56,962. (iv) 0.	(i) 64,759. (ii) 0.	(D) 14,815.	(E) 636,734.	(F) 0.	
(2) TIM FAKENHAM COO	(i) 386,964. (ii) 0.	(ii) 0. (iii) 0.	(iii) 43,760. (iv) 0.	(i) 20,700. (ii) 0.	(D) 1,268.	(E) 452,692.	(F) 0.	
(3) KRISTEN MCCOLLUM CFO & CPO	(i) 255,467. (ii) 0.	(ii) 0. (iii) 0.	(iii) 30,959. (iv) 0.	(i) 79,208. (ii) 0.	(D) 34,109.	(E) 399,743.	(F) 0.	
(4) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i) 194,308. (ii) 0.	(ii) 0. (iii) 0.	(iii) 36,511. (iv) 0.	(i) 48,705. (ii) 0.	(D) 32,843.	(E) 312,367.	(F) 0.	
(5) NATALIE EVANS CHIEF DATA OFFICER	(i) 209,293. (ii) 0.	(ii) 0. (iii) 0.	(iii) 14,781. (iv) 0.	(i) 43,869. (ii) 0.	(D) 23,679.	(E) 291,622.	(F) 0.	
(6) PROTIO BISWAS SENIOR VP, ECONOMIC STABILITY	(i) 134,272. (ii) 0.	(ii) 0. (iii) 0.	(iii) 38,143. (iv) 0.	(i) 45,441. (ii) 0.	(D) 28,622.	(E) 246,478.	(F) 0.	
(7) LAUREN BROOKS SENIOR VP, REVENUE	(i) 189,922. (ii) 0.	(ii) 0. (iii) 0.	(iii) 5,752. (iv) 0.	(i) 17,052. (ii) 0.	(D) 19,021.	(E) 231,747.	(F) 0.	
(8) CLAIRE BURKE CONTROLLER	(i) 151,478. (ii) 0.	(ii) 0. (iii) 0.	(iii) 16,203. (iv) 0.	(i) 27,190. (ii) 0.	(D) 27,276.	(E) 222,147.	(F) 0.	
(9) ORINZAL WILLIAMS VP OF INFORMATION TECHNOLOGY	(i) 113,917. (ii) 0.	(ii) 0. (iii) 0.	(iii) 31,338. (iv) 0.	(i) 44,150. (ii) 0.	(D) 32,262.	(E) 221,667.	(F) 0.	
(10) MARGARET ADAMS VP OF MAJOR GIFTS & MULTI-YEAR GIVIN	(i) 139,717. (ii) 0.	(ii) 2,687. (iii) 0.	(iii) 11,012. (iv) 0.	(i) 9,500. (ii) 0.	(D) 28,876.	(E) 191,792.	(F) 0.	
(11) SANJAY M PAREKH ENTREPRENEUR-IN-RESIDENCE	(i) 138,660. (ii) 0.	(ii) 0. (iii) 0.	(iii) 30,500. (iv) 0.	(i) 0. (ii) 0.	(D) 22,630.	(E) 191,790.	(F) 0.	
(12) ANITA GELLER SENIOR VP, MARKETING	(i) 150,032. (ii) 0.	(ii) 6,482. (iii) 0.	(iii) 3,193. (iv) 0.	(i) 0. (ii) 0.	(D) 20,103.	(E) 179,810.	(F) 0.	
(13) DENNIS LONG ASSISTANT VP OF DEVELOPMENT, OUTSIDE	(i) 126,912. (ii) 0.	(ii) 0. (iii) 0.	(iii) 14,070. (iv) 0.	(i) 27,504. (ii) 0.	(D) 10,379.	(E) 178,865.	(F) 0.	
(14) AMANDA CRUMBY VP, DIGITAL SOLUTIONS & INNOVATION	(i) 121,823. (ii) 0.	(ii) 0. (iii) 0.	(iii) 13,020. (iv) 0.	(i) 16,826. (ii) 0.	(D) 24,322.	(E) 175,991.	(F) 0.	
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(i) 0. (ii) 0.	(D) 0.	(E) 0.	(F) 0.	
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(i) 0. (ii) 0.	(D) 0.	(E) 0.	(F) 0.	
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(i) 0. (ii) 0.	(D) 0.	(E) 0.	(F) 0.	

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF 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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (TOYS)	X	834,747	12,729,739.	FAIR MARKET VALUE
26	Other ()				
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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):
THE NUMBER REPORTED IN COLUMN B OF SCHEDULE M FOR ALL DONATIONS
REPRESENTS THE NUMBER OF CONTRIBUTIONS FOR EACH RESPECTIVE CATEGORY.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**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 OF GREATER ATLANTA 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 OF GREATER ATLANTA IS THE PLATFORM THAT
ENABLES INDIVIDUALS, GROUPS, AND COMPANIES TO MAKE A DIFFERENCE
INDIVIDUALLY AND COLLECTIVELY IN WHATEVER WAY THEY WISH TO CONTRIBUTE
THEIR TIME, TALENT, AND TREASURE.

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

SUSTAINABLE CONTRIBUTIONS TO THE COMMUNITY.

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

COMMUNITY EMERGENCIES. ANSWERING OVER 79,000 LIVE CONTACTS THROUGH
TELEPHONE, TEXT, LIVE CHAT, EMAIL, AND POSTAL SEARCHES AS WELL AS OVER
367,000 DIGITAL CONTACTS THROUGH TEXT ON DEMAND, MOBILE APP, CHATBOT
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, AND MORE.

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

UNITED WAY PROVIDES SUPPORT AND SERVICES TO COMMUNITY GROUPS AND PUBLIC
AGENCIES ACROSS GREATER 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 FEES FOR SERVICE ARRANGEMENTS.
EXPENSES \$ 5,704,958. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,325,000.

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.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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 UNITED WAY OF GREATER ATLANTA, INC 58-0566194 SECOND POINT OF COMPARISON, WE WILL CONDUCT AN IRS FORM 990 ANALYSIS. NON-PROFIT ENTITIES OF SIMILAR MISSION AND REVENUE SIZE WILL BE INCLUDED IN THE ANALYSIS. THESE TWO COMPARISON APPROACHES ARE USED IN MAKING THE FINAL OVERALL DETERMINATION FOR THE CEO POSITION. OTHER EMPLOYEE'S COMPENSATION IS ALSO BENCHMARKED BASED ON THE COMPENSATION AUDIT PERFORMED EVERY TWO YEARS. OTHER EMPLOYEE'S COMPENSATION IS COMPARED TO OTHER NON-PROFITS AND FOR PROFIT COMPANIES THROUGH AN INDEPENDENT COMPENSATION STUDY. IN CONDUCTING THIS ANALYSIS, CONSIDERATIONS ARE MADE TO DETERMINE APPROPRIATE EXTERNAL COMPARISONS BASED ON DUTIES, RESPONSIBILITIES, AND FUNCTIONS OF EACH POSITION.

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

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

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

CHANGE IN LIABILITY FOR PENSION BENEFIT	607,000.
---	----------

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 24/7 GATEWAY CENTER		B	277,000	EXPENSES INCURRED
(2)				
(3)				
(4)				
(5)				
(6)				

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 118,631,450, D Employer identification number 58-0566194, E Group exemption number, F Check box if an amended return.

G Check organization type: [X] 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No

L The books are in care of CLAIRE BURKE Telephone number 404-527-7200

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 255,378 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax amount of 0.

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No										
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$												
4	Enter available pre-2018 NOL carryovers here \$ <u>449,445.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>812930</td> <td>\$ 108,708.</td> </tr> <tr> <td>531390</td> <td>\$ 188,901.</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	812930	\$ 108,708.	531390	\$ 188,901.		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
812930	\$ 108,708.												
531390	\$ 188,901.												
	\$												
	\$												
6 a	Reserved for future use												
b	Reserved for future use												

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MELANIE MCPEAK	<i>Melanie A. McPeak</i>	2026.05.21 15:56:53	PTIN
	Firm's name	Firm's EIN		
	1075 PEACHTREE STREET NE, SUITE 1600	88-2730877		
Firm's address	ATLANTA, GA 30309		Phone no.	404-209-0954

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS

N/A

61,404,288.

TOTAL TO FORM 990-T, PART I, LINE 4

61,404,288.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021
 FOR TAX YEAR 2022 69,648,839
 FOR TAX YEAR 2023 55,593,134

TOTAL CARRYOVER 125,241,973
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 61,404,288

TOTAL CONTRIBUTIONS AVAILABLE 186,646,261
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 186,646,261
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 186,646,261

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 449,445.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 255,378.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 255,378.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 194,067.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	1,661,767.	1,304,343.	357,424.	357,424.
06/30/10	8,323.	0.	8,323.	8,323.
06/30/12	17,925.	0.	17,925.	17,925.
06/30/13	15,404.	0.	15,404.	15,404.
06/30/14	35,285.	0.	35,285.	35,285.
06/30/15	14,499.	0.	14,499.	14,499.
06/30/16	585.	0.	585.	585.
NOL CARRYOVER AVAILABLE THIS YEAR			449,445.	449,445.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization UNITED WAY OF GREATER ATLANTA, INC	B Employer identification number 58-0566194
C Unrelated business activity code (see instructions) 812930	D Sequence: 1 of 2

E Describe the unrelated trade or business **PARKING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>347,002.</u>				
b Less returns and allowances _____ c Balance	1c	347,002.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	347,002.		347,002.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	347,002.		347,002.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			29,178.
3 Repairs and maintenance	3			7,741.
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7	6,226.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			6,226.
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 5	14			127,583.
15 Total deductions. Add lines 1 through 14	15			170,728.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			176,274.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			176,274.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	AMOUNT
SUPPLIES AND GENERAL INSURANCE	10,102.
MANAGEMENT FEES	16,111.
SECURITY EXPENSES	27,029.
CLEANING EXPENSES	20,974.
PROFESSIONAL FEES	11,175.
OCCUPANCY AND RELATED MISCELLANEOUS	23,656.
	16,323.
	2,213.
TOTAL TO SCHEDULE A, PART II, LINE 14	127,583.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	108,708.	0.	108,708.	108,708.
NOL CARRYOVER AVAILABLE THIS YEAR			108,708.	108,708.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization UNITED WAY OF GREATER ATLANTA, INC	B Employer identification number 58-0566194
C Unrelated business activity code (see instructions) 531390	D Sequence: 2 of 2

E Describe the unrelated trade or business **RENTAL OF CONFERENCE CENTER**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) STMT 7		12 613,798.		613,798.
13 Total. Combine lines 3 through 12		13 613,798.		613,798.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		218,877.
3 Repairs and maintenance		3		22,246.
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562). See instructions	7		22,520.	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b		22,520.
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement) SEE STATEMENT 8		14		271,051.
15 Total deductions. Add lines 1 through 14		15		534,694.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		79,104.
17 Deduction for net operating loss. See instructions		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		79,104.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT 7
DESCRIPTION		AMOUNT
LOUDERMILK CONFERENCE CENTER		613,798.
TOTAL TO SCHEDULE A, PART I, LINE 12		613,798.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		42,487.
OCCUPANCY AND RELATED		43,490.
CLEANING EXPENSES		15,383.
FOOD		70,184.
MISCELLANEOUS		49,668.
BANK CHARGES		6,946.
SUPPLIES AND GENERAL		4,426.
POSTAGE		67.
OFFICE EQUIPMENT		38,400.
TOTAL TO SCHEDULE A, PART II, LINE 14		271,051.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	48,280.	0.	48,280.	48,280.
06/30/21	105,834.	0.	105,834.	105,834.
06/30/22	34,787.	0.	34,787.	34,787.
NOL CARRYOVER AVAILABLE THIS YEAR			188,901.	188,901.

Depreciation and Amortization
(Including Information on Listed Property)

POL

2024

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FORM 1120-POL

58-0566194

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	22,520.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Depreciation and Amortization
(Including Information on Listed Property) A PG1 1

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF GREATER ATLANTA, INC

PARKING

58-0566194

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,226.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover miles driven and availability for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF GREATER ATLANTA, INC

**RENTAL OF CONFERENCE
CENTER**

58-0566194

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	22,520.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements for vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44