

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

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 <div style="border: 1px solid black; padding: 2px;">UNITED WAY OF GREATER ATLANTA, INC</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">40 COURTLAND STREET</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">ATLANTA, GA 30303</div> F Name and address of principal officer: KRISTEN MCCOLLUM <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">58-0566194</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">404-527-7200</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">101,975,309.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAYATLANTA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1972		M State of legal domicile: GA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER ATLANTA ENGAGES AND BRINGS TOGETHER PEOPLE AND RESOURCES TO DRIVE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
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 2023 (Part V, line 2a)	5	200
6	Total number of volunteers (estimate if necessary)	6	5882
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,271,039.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	97,646,952.
9	Program service revenue (Part VIII, line 2g)	9	71,718,300.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	6,822,937.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	1,818,658.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	124,083.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	-84,434.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	106,412,630.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	83,160,363.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	69,659,935.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	55,631,661.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	21,557,620.
19	Revenue less expenses. Subtract line 18 from line 12	19	19,619,592.
20	Total assets (Part X, line 16)	20	0.
21	Total liabilities (Part X, line 26)	21	0.
22	Net assets or fund balances. Subtract line 21 from line 20	22	12,729,140.
23	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23	14,528,002.
24	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24	17,722,515.
25	Revenue less expenses. Subtract line 18 from line 12	25	105,745,557.
26	Total assets (Part X, line 16)	26	667,073.
27	Total liabilities (Part X, line 26)	27	-9,813,405.
28	Net assets or fund balances. Subtract line 21 from line 20	28	118,843,860.
29	Total assets (Part X, line 16)	29	109,023,182.
30	Total liabilities (Part X, line 26)	30	20,315,559.
31	Net assets or fund balances. Subtract line 21 from line 20	31	98,528,301.

Part II Signature Block

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

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">KRISTEN MCCOLLUM, CHIEF FINANCIAL AND PEOPLE OFFICER</div>	Date	
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">MELANIE MCPEAK</div>	Preparer's signature	Date
		Check <input type="checkbox"/> if self-employed	PTIN <div style="border: 1px solid black; padding: 2px;">P01346034</div>
	Firm's name <div style="border: 1px solid black; padding: 2px;">CHERRY BEKAERT ADVISORY LLC</div>	Firm's EIN <div style="border: 1px solid black; padding: 2px;">88-2730877</div>	
	Firm's address <div style="border: 1px solid black; padding: 2px;">1075 PEACHTREE STREET NE, SUITE 1600 ATLANTA, GA 30309</div>	Phone no. <div style="border: 1px solid black; padding: 2px;">404-209-0954</div>	

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

☒**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 ☒ 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 ☒ 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 \$ 2,234,535. including grants of \$ 2,234,535.) (Revenue \$)

UNITED WAY INVESTS IMPACT DOLLARS IN ASSEMBLING TEAMS OF NONPROFITS TO WORK ON COLLABORATIVE SOLUTIONS THAT LEAD TO POSITIVE AND SUSTAINABLE OUTCOMES FOR CHILDREN AND FAMILIES, LIKE GIVING KIDS THE SKILLS TO SUCCEED IN SCHOOL, TEACHING FINANCIAL EDUCATION AND JOB TRAINING, BRINGING PRIMARY CARE ACCESS AND GIVING THE TOOLS TO REMOVE THEMSELVES FROM HOMELESSNESS. GIVING TO THE UNITED WAY CHILD WELLBEING IMPACT FUND ALLOWS YOU TO HAVE THE BIGGEST IMPACT ON OUR COMMUNITY. THE FUND COVERS MULTIPLE AREAS THAT HELP ADVANCE CHILD WELLBEING ACROSS GREATER ATLANTA. DECISIONS ARE MADE THROUGH A PROCESS DIRECTED BY UNITED WAY AND INVOLVES SUBJECT MATTER EXPERTS AS WELL AS TRAINED VOLUNTEERS. INVESTMENTS ARE DIRECTED TOWARD PROGRAMS DELIVERED BY PARTNER NONPROFITS WITH PROVEN EFFECTIVENESS IN CREATING MEASURABLE AND

4b (Code:) (Expenses \$ 12,337,503. including grants of \$ 6,299,885.) (Revenue \$ 8,392.)

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 \$ 53,263,901. including grants of \$ 47,097,241.) (Revenue \$ 1,867,521.)

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 ZIP CODE ACROSS 13 COUNTIES. UNITED WAY'S PROGRAMS ARE DESIGNED TO MOVE THE NEEDLE ON THESE CRITICAL MEASURES. ITS FOCUSES ARE ON CREATING STRONG FOUNDATIONS FOR CHILDREN TO GROW, THEREBY PROVIDING OPPORTUNITIES FOR SUCCESS DESPITE ADVERSE CONDITIONS, AS WELL AS NURTURING COMMUNITIES THAT NEED WRAPAROUND SUPPORT. FOR EVERY MEASURE OF CHILD WELLBEING, THERE IS A MULTITUDE OF FACTORS THAT CAN ADVERSELY INFLUENCE OUTCOMES AND A SERIES OF ACTIONS WE CAN TAKE THAT CAN CHANGE THESE OUTCOMES FOR THE BETTER. WHEN WE CONSIDER ALL POTENTIAL SOLUTIONS THAT HELP US MOVE THE NEEDLE EVIDENCE BASED STRATEGIES, INNOVATIVE PROGRAMS, POLICIES,

4d Other program services (Describe on Schedule O.)

(Expenses \$ 5,535,334. including grants of \$) (Revenue \$ 4,397,961.)

4e Total program service expenses 73,371,273.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 49	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 200		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 34 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTEN L. MCCOLLUM - 404-527-7200
40 COURTLAND STREET, ATLANTA, GA 30303

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				530,718.	0.	104,967.
(2) TIM PAKENHAM COO	40.00 0.00			X				413,634.	0.	21,100.
(3) KRISTEN MCCOLLUM CFO & CPO	40.00 0.00			X				256,257.	0.	84,764.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00 0.00				X			286,729.	0.	15,471.
(5) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00 0.00				X			211,027.	0.	67,050.
(6) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			240,368.	0.	36,453.
(7) NATALIE EVANS CHIEF DATA OFFICER	40.00 0.00				X			198,669.	0.	46,069.
(8) PROTIO BISWAS SENIOR VP, ECONOMIC STABILITY	40.00 0.00				X			163,425.	0.	59,949.
(9) CLAIRE BURKE CONTROLLER	40.00 0.00			X				160,149.	0.	44,488.
(10) ORINZAL WILLIAMS VICE PRESIDENT OF INFORMATION TECHNOLOGY	40.00 0.00					X		140,189.	0.	53,278.
(11) LAUREN BROOKS SENIOR VP, REVENUE	40.00 0.00					X		163,198.	0.	26,729.
(12) MONICA J SCARBROUGH VICE PRESIDENT OF DEVELOPMENT	40.00 0.00					X		162,885.	0.	10,071.
(13) DENNIS LONG ASSISTANT VP OF DEVELOPMENT, OUTSIDE	40.00 0.00					X		137,439.	0.	32,718.
(14) ALVIN GLYPH VICE PRESIDENT-STRATEGIC IMPACT	40.00 0.00					X		135,360.	0.	34,292.
(15) PETER CARTER BOARD CHAIR	0.50 0.00	X						0.	0.	0.
(16) RAPHAEL BOSTIC IMMEDIATE PAST PRESIDENT/ GOVERNANCE	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								3,200,047.	0.	637,399.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,200,047.	0.	637,399.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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	2,563,079.
THE BRIDGESPAN GROUP INC., 2 COPLEY PLACE, 7TH FLOOR, SUITE 37008, BOSTON, MA 02116	CONSULTING	613,236.
KINETIC WEST 111 S JACKSON ST, SEATTLE, WA 98104	CONSULTING	441,663.
CHERRY BEKAERT LLP, 1075 PEACHTREE ST NE STE 2200, ATLANTA, GA 30309	ACCOUNTING	161,669.
CURRY DAVIS CONSULTING GROUP, LLC 5117 ROSEWOOD PLACE, FAIRBURN, GA 30213	CONSULTING	153,611.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

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

[illegible]

Part VIII Statement of RevenueCheck 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	378,833.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,222,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	65,117,467.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,299,885.			
	h	Total. Add lines 1a-1f		71,718,300.			
Program Service Revenue	2 a	BUILDING INCOME	Business Code	532000	5,669,000.	4,397,961.	1271039.
	b	PROCESSING & FUNDRAISING FEES	900099	1,684,682.	1,684,682.		
	c	OTHER NON-CAMPAIGN REVENUE	900099	111,523.	111,523.		
	d	LIFE INSURANCE POLICIES	900099	71,316.	71,316.		
	e	211 PROGRAM FEES	900099	8,392.	8,392.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,544,913.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,833,309.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)		2,148,275.			2148275.
8 a		Gross income from fundraising events (not including \$ 378,833. of contributions reported on line 1c). See Part IV, line 18		228,700.			
b		Less: direct expenses		450,221.			
c		Net income or (loss) from fundraising events		-221,521.			-221,521.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	89,019.		89,019.
	b	REIMBURSEMENTS	900099	48,068.			48,068.
	c					
	d	All other revenue					
	e	Total. Add lines 11a-11d		137,087.			
	12	Total revenue. See instructions		83,160,363.	6,273,874.	1271039.	3897150.

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	55,278,841.	55,278,841.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	352,820.	352,820.		
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	2,717,912.	278,077.	1,860,815.	579,020.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,936,251.	6,891,671.	1,461,777.	4,582,803.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,065,605.	528,120.	180,917.	356,568.
9 Other employee benefits	1,749,998.	756,768.	468,178.	525,052.
10 Payroll taxes	1,149,826.	555,151.	256,959.	337,716.
11 Fees for services (nonemployees):				
a Management				
b Legal	110,121.	37,403.	5,501.	67,217.
c Accounting	291,838.		291,838.	
d Lobbying	22,577.	22,577.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	73,527.		73,527.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,214,277.	3,444,512.	91,064.	4,678,701.
12 Advertising and promotion	422,896.	8,469.	12,500.	401,927.
13 Office expenses	1,983,784.	462,927.	997,590.	523,267.
14 Information technology				
15 Royalties				
16 Occupancy	2,681,401.	2,105,717.	286,000.	289,684.
17 Travel	22,853.	14,937.	879.	7,037.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	346,119.	180,871.	61,065.	104,183.
20 Interest	-47,068.	4,444.	-51,512.	
21 Payments to affiliates	599,457.	239,783.	359,674.	
22 Depreciation, depletion, and amortization	1,162,869.	918,772.	244,097.	
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	550,116.	550,116.		
b				
c				
d				
e All other expenses	1,287,748.	739,297.	272,486.	275,965.
25 Total functional expenses. Add lines 1 through 24e	92,973,768.	73,371,273.	6,873,355.	12,729,140.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	34,266,237.	1	26,988,795.
	2 Savings and temporary cash investments	21,229,142.	2	19,006,617.
	3 Pledges and grants receivable, net	14,976,717.	3	11,809,385.
	4 Accounts receivable, net	1,031,706.	4	4,149,265.
	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	189,904.	9	288,385.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,872,996.		
	b Less: accumulated depreciation	10b 27,924,618.		
		7,751,799.	10c	6,948,378.
	11 Investments - publicly traded securities	37,664,066.	11	37,695,635.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,734,289.	15	2,136,722.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	118,843,860.	16	109,023,182.	
Liabilities	17 Accounts payable and accrued expenses	10,998,324.	17	9,622,834.
	18 Grants payable	649,877.	18	480,372.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	230,850.	20	377,764.
	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	8,436,508.	25	7,349,558.
	26 Total liabilities. Add lines 17 through 25	20,315,559.	26	17,830,528.
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	48,788,444.	27	51,408,654.
	28 Net assets with donor restrictions	49,739,857.	28	39,784,000.
	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	98,528,301.	32	91,192,654.
	33 Total liabilities and net assets/fund balances	118,843,860.	33	109,023,182.

Part XI Reconciliation of Net AssetsCheck 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	83,160,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,973,768.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,813,405.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98,528,301.
5	Net unrealized gains (losses) on investments	5	961,943.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,515,815.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,192,654.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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? _____	<input checked="" type="checkbox"/>	
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 _____	<input checked="" type="checkbox"/>	

Form 990 (2023)

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119342396	124172021	147366210	97646951.	71718300.	560245878
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	119342396	124172021	147366210	97646951.	71718300.	560245878
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)						106671525
6 Public support. Subtract line 5 from line 4.						453574353

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	119342396	124172021	147366210	97646951.	71718300.	560245878
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	844,564.	371,991.	465,045.	1059775.	1833309.	4574684.
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.	137,087.
11 Total support. Add lines 7 through 10						564957649
12 Gross receipts from related activities, etc. (see instructions)					12	24,203,307.

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	80.28 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	81.72 %

16a 33 1/3% support test - 2023. 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 ☒**b 33 1/3% support test - 2022.** 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 ☐**17a 10% -facts-and-circumstances test - 2023.** 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 ☐**b 10% -facts-and-circumstances test - 2022.** 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 ☐**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 ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2023 AMOUNT: \$ 137,087.

Schedule B
(Form 990)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

2023

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
UNITED WAY OF GREATER ATLANTA, INC	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
<u>1</u>		\$ <u>2,774,153.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>19,723,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,675,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,004,537.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

58-0566194

Part II

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

Name of organization	Employer identification number
UNITED WAY OF GREATER ATLANTA, INC	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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)		22,577.													
c Total lobbying expenditures (add lines 1a and 1b)		22,577.													
d Other exempt purpose expenditures		92,877,770.													
e Total exempt purpose expenditures (add lines 1c and 1d)		92,900,347.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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	86,282.	92,070.	57,434.	22,577.	258,363.
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	5,750.	5,250.			11,000.

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C PART IV

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

Part IV Supplemental Information *(continued)*

\$750,000 IN DIRECT LOBBYING.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	5,965,000.	5,267,000.	5,846,000.	4,648,000.	4,671,000.
b Contributions		339,000.	271,000.		
c Net investment earnings, gains, and losses	801,000.	528,000.	-686,000.	1,342,000.	142,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	264,000.	169,000.	164,000.	144,000.	165,000.
f Administrative expenses					
g End of year balance	6,502,000.	5,965,000.	5,267,000.	5,846,000.	4,648,000.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		25,998,285.	24,240,613.	1,757,672.
c Leasehold improvements				
d Equipment		4,484,282.	3,684,005.	800,277.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,948,378.

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	
(3) PAYABLE	7,349,558.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,349,558.

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	73,180,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	961,943.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	961,943.
3	Subtract line 2e from line 1	3	72,218,057.
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	73,527.
b	Other (Describe in Part XIII.)	4b	10,868,779.
c	Add lines 4a and 4b	4c	10,942,306.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	83,160,363.

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	86,901,462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	450,221.
e	Add lines 2a through 2d	2e	450,221.
3	Subtract line 2e from line 1	3	86,451,241.
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	73,527.
b	Other (Describe in Part XIII.)	4b	6,449,000.
c	Add lines 4a and 4b	4c	6,522,527.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	92,973,768.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

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

PART X, LINE 2:

UNITED WAY IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE OF 1986 ("IRC"), AS AMENDED, AND THEREFORE NO
PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS. UNITED WAY HAS EVALUATED THE EFFECT OF GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND BELIEVES IT CONTINUES TO SATISFY THE REQUIREMENTS OF TAX-EXEMPT ORGANIZATIONS AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	6,449,000.
NONOPERATING INVESTMENT RETURN	4,870,000.
DIRECT FUNDRAISING EVENT EXPENSES	-450,221.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,868,779.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	450,221.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	6,449,000.
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2023

Open to Public Inspection

58-0566194

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

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

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

		(a) Event #1 WOMEN'S LEADERSHIP B	(b) Event #2 AAP LUNCHEON	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	196,465.	376,385.	34,683.	607,533.
	2 Less: Contributions	134,965.	241,185.	2,683.	378,833.
	3 Gross income (line 1 minus line 2)	61,500.	135,200.	32,000.	228,700.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	225,203.	181,142.	43,876.	450,221.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				450,221.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-221,521.

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: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Schedule C (Form 990)		2012	
Part IV	Supplemental Information (continued)		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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
3D GIRLS INCORPORATED P.O. BOX 10924 ATLANTA, GA 30310	45-5319886	501C3	75,000.	0.			GENERAL SUPPORT
A VISION 4 HOPE INC 5532 OLD NATIONAL HWY COLLEGE PARK, GA 30349	82-0897150	501C3	7,500.	0.			GENERAL SUPPORT
ADAPTIVE LEARNING CENTER 125 TOWNPARK DRIVE, SUITE 300 KENNESAW, GA 30144	58-1485225	501C3	300,000.	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	150,000.	0.			GENERAL SUPPORT
ALL 1 FAMILY 1530 DEKALB AVE NE ATLANTA, GA 30307	47-4787389	501C3	7,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **269.**
- 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) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN TEMPLE A.M.E. CHURCH 1625 JOSEPH E. BOONE BLVD NW ATLANTA, GA 30314	58-2605882	501C3	9,000.	0.			GENERAL SUPPORT
ALLIANCE THEATRE 1280 PEACHTREE ST NE ATLANTA, GA 30309	58-0633971	501C3	40,000.	0.			GENERAL SUPPORT
AMANI WOMEN CENTER 3777 CHURCH STREET CLARKSTON, GA 30021	20-8795120	501C3	45,000.	0.			GENERAL SUPPORT
AMAZING GRACE MINISTRIES 949 POINT SOUTH PKWY JONESBORO, GA 30238	01-0954243	501C3	25,000.	0.			GENERAL SUPPORT
ANDREW P. STEWART CENTER P.O. BOX 17772 ATLANTA, GA 30316	58-2204831	501C3	45,100.	0.			GENERAL SUPPORT
ARTPORTUNITY KNOCKS INC. 275 DECATUR ST. SE ATLANTA, GA 30339	27-1004474	501C3	25,000.	0.			GENERAL SUPPORT
ASSOCIATION OF VILLAGE PRIDE P.O. BOX 142427 FAYETTEVILLE, GA 30214	58-2387685	501C3	75,000.	0.			GENERAL SUPPORT
ATLANTA CARES MENTORING 4270 OAKHURST DRIVE FAIRBURN, GA 30213	27-0354245	501C3	25,000.	0.			GENERAL SUPPORT
ATLANTA CHILDREN'S SHELTER P. O. BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501C3	60,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA LEGAL AID SOCIETY, INC. 54 ELLIS STREET, NE ATLANTA, GA 30303	58-0568691	501C3	12,500.	0.			GENERAL SUPPORT
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE RD. SE ATLANTA, GA 30316	58-1242857	501C3	82,500.	0.			GENERAL SUPPORT
ATLANTA POLICE ATHLETIC LEAGUE INC 226 PEACHTREE STREET SW ATLANTA, GA 30303	58-1391927	501C3	20,000.	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	2,991,984.	0.			GENERAL SUPPORT
ATLANTA TECHNICAL COLLEGE 1560 METROPOLITAN PARKWAY SW ATLANTA, GA 30310	58-2582973	501C3	112,500.	0.			GENERAL SUPPORT
ATLANTA VOLUNTEER LAWYERS FOUNDATION - 235 PEACHTREE ST NE - ATLANTA, GA 30303	58-1364400	501C3	442,000.	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
BELOVED ATLANTA 50 SUNSET AVE ATLANTA, GA 30314	45-5548365	501C3	15,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METRO ATLANTA - 680 MURPHY AVE, SUITE 1090 - ATLANTA, GA 30310	58-0861895	501C3	62,500.	0.			GENERAL SUPPORT
BLACK CHILD DEVELOPMENT INSTITUTE (BCDI)- ATLANTA - 2394 MT.VERNON RD., STE 220 - ATLANTA, GA 30338	52-1697682	501C3	156,000.	0.			GENERAL SUPPORT
BOSS KING ENTERPRISES INC 125 OLDE TOWNE DR STATESBORO, GA 30458	88-1540580	501C3	50,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA ATLANTA AREA - 1800 CIRCLE 75 PARKWAY SE - ATLANTA, GA 30339	58-0566122	501C3	25,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA FLINT RIVER 1361 ZEBULON RD GRIFFIN, GA 30224	22-1576300	501C3	25,000.	0.			GENERAL SUPPORT
BOYCE L ANSLEY SCHOOL INC 120 RALPH MCGILL BLVD, BLDG 3 STE B ATLANTA, GA 30308	82-3440705	501C3	25,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF LANIER P.O. BOX 691 GAINESVILLE, GA 30503	58-0656890	501C3	75,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET NE - ATLANTA, GA 30309	58-0566123	501C3	62,500.	0.			GENERAL SUPPORT
BREAD OF LIFE DEVELOPMENT MINISTRIES - P.O. BOX 1611 - CONYERS, GA 30012	20-8369872	501C3	75,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKTHROUGH ATLANTA INC 4075 PACES FERRY RD NW ATLANTA, GA 30327	84-4725498	501C3	75,000.	0.			GENERAL SUPPORT
BUCKHEAD CHRISTIAN MINISTRY 2847 PIEDMONT RD NE ATLANTA, GA 30305	58-1748786	501C3	12,500.	0.			GENERAL SUPPORT
C5 GEORGIA YOUTH FOUNDATION 7 DUNWOODY PARK, SUITE 103 ATLANTA, GA 30338	26-2498817	501C3	75,000.	0.			GENERAL SUPPORT
CANOPY ATLANTA 504 E. ONTARIO AVENUE SW ATLANTA, GA 30310	85-0694979	501C3	75,000.	0.			GENERAL SUPPORT
CARING WORKS, INC. 2785 LAWRENCEVILLE HWY DECATUR, GA 30033	56-2370081	501C3	55,700.	0.			GENERAL SUPPORT
CARRIE STEELE-PITTS HOME INC. 1 WEST COURT SQUARE DECATUR, GA 30030	58-0607078	501C3	75,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 2401 LAKE PARK DRIVE, SE ATLANTA, GA 30080	58-1097003	501C3	50,000.	0.			GENERAL SUPPORT
CENTER FOR THE VISUALLY IMPAIRED 739 W. PEACHTREE STREET NW ATLANTA, GA 30308	58-1168874	501C3	37,500.	0.			GENERAL SUPPORT
CENTRAL FLORIDA YMCA 433 NORTH MILLS AVENUE ORLANDO, FL 32803	59-3750283	501C3	7,607.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD RESOURCE CENTER 25 TILDEN AVE LAKELAND, GA 31635	58-2630175	501C3	15,000.	0.			GENERAL SUPPORT
CHILDRENS MUSEUM OF ATLANTA 275 CENTENNIAL OLYMPIC PARK DR NW ATLANTA, GA 30313	58-1785484	501C3	50,000.	0.			GENERAL SUPPORT
CHRIS 180 INC. 1017 FAYETTEVILLE ROAD SE ATLANTA, GA 30126	58-1430183	501C3	60,500.	0.			GENERAL SUPPORT
CIRCLES COBB 1100 CIRCLE 75 PKWY ATLANTA, GA 30339	88-2794203	501C3	8,000.	0.			GENERAL SUPPORT
CITY OF REFUGE 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501C3	50,000.	0.			GENERAL SUPPORT
CLARKSTON COMMUNITY CENTER 3701 COLLEGE AVE CLARKSTON, GA 30021	58-2127610	501C3	50,000.	0.			GENERAL SUPPORT
CLARKSTON DEVELOPMENT FOUNDATION P.O.BOX 529 CLARKSTON, GA 30021	27-2014061	501C3	175,000.	0.			GENERAL SUPPORT
CLAYTON COUNTY PUBLIC SCHOOL 1058 FIFTH AVENUE JONESBORO, GA 30236	45-4281815	501C3	148,000.	0.			GENERAL SUPPORT
CLOSER LOOK MINISTRIES INC. 1901 MCDONOUGH ROAD HAMPTON, GA 30228	42-1627579	501C3	49,800.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL COALITION FOR CHILDREN 1612 NEWCASTLE STREET, SUITE 104 BRUNSWICK, GA 31520	58-1497814	501C3	75,000.	0.			GENERAL SUPPORT
COASTAL GEORGIA AREA COMMUNITY ACTION AUTHORITY - P.O. BOX 2016 - BRUNSWICK, GA 31521	58-0973468	501C3	25,000.	0.			GENERAL SUPPORT
COASTAL OUTREACH ACADEMIES INC 1425 CATE RD BRUNSWICK, GA 31525	81-4317353	501C3	35,000.	0.			GENERAL SUPPORT
COBB COLLABORATIVE INC 940 CONCORD ROAD SMYRNA, GA 30080	58-2278352	501C3	122,000.	0.			GENERAL SUPPORT
COBB WORKS! INC. 463 COMMERCE PARK DR. MARIETTA, GA 30060	58-2635833	501C3	75,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS COBB 328 ALEXANDER STREET MARIETTA, GA 30060	58-2627310	501C3	25,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF ATLANTA 260 PEACHTREE ST NW ATLANTA, GA 30303	58-1152807	501C3	37,500.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CATOOSA COUNTY - 2 BARNHARDT CIR - FORT OGLETHORPE, GA 30742	58-2437803	501C3	75,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GEORGIA 565 NORTHSIDE DR SW ATLANTA, GA 30310	58-1912923	501C3	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ASSISTANCE CENTER, INC 1130 HIGHTOWER TRAIL ATLANTA, GA 30350	58-1825565	501C3	17,500.	0.			GENERAL SUPPORT
COMMUNITY FARMERS MARKETS 1039 GRANT STREET ATLANTA, GA 30315	27-5262520	501C3	32,500.	0.			GENERAL SUPPORT
COMMUNITY MOVEMENTS BUILDERS INC. 3401 LANTERN VIEW LANE SCOTTTDALE, GA 30079	47-4653915	501C3	42,500.	0.			GENERAL SUPPORT
CONCRETE JUNGLE 1050 OAKLEIGH DR ATLANTA, GA 30344	90-0730229	501C3	47,500.	0.			GENERAL SUPPORT
COR INC 55 MCDONOUGH BLVD SE ATLANTA, GA 30315	32-0600603	501C3	75,000.	0.			GENERAL SUPPORT
CORNERS OUTREACH 1854 SHACKLEFORD CT NORCROSS, GA 30093	45-5613973	501C3	62,500.	0.			GENERAL SUPPORT
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	13-3600232	501C3	20,098.	0.			GENERAL SUPPORT
COVENANT HOUSE GEORGIA P.O. BOX 94465 ATLANTA, GA 30377	13-3523561	501C3	35,000.	0.			GENERAL SUPPORT
CREATING OUR FUTURE INC 2330 SCENIC HIGHWAY SOUTH SNELLVILLE, GA 30078	82-1839109	501C3	12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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CRISTO REY ATLANTA JESUIT HIGH SCHOOL - 222 PIEDMONT AVENUE NE - ATLANTA, GA 30308	45-5550340	501C3	10,000.	0.			GENERAL SUPPORT
CROSSROADS COMMUNITY MINISTRIES P.O. BOX 55397 ATLANTA, GA 30308	58-2235391	501C3	585,572.	0.			GENERAL SUPPORT
DRAKE HOUSE 10500 CLARA DRIVE ROSWELL, GA 30075	20-0943038	501C3	75,000.	0.			GENERAL SUPPORT
DREAM IT FORWARD FOUNDATION INC 3980 N EXPY SUNNY SIDE, GA 30284	46-4493080	501C3	75,000.	0.			GENERAL SUPPORT
E2D INC. P.O. BOX 1299 DAVIDSON, NC 28036	46-5008759	501C3	10,000.	0.			GENERAL SUPPORT
EARLY LEARNING PROPERTY MANAGEMENT 3715 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-2491036	501C3	1,500,000.	0.			GENERAL SUPPORT
EAST LAKE FOUNDATION 2606 ALSTON DR ATLANTA, GA 30317	58-2204306	501C3	90,000.	0.			GENERAL SUPPORT
EASTER SEALS OF NORTH GEORGIA 815 PARK NORTH BLVD CLARKSTON, GA 30021-6201	58-1919768	501C3	650,000.	0.			GENERAL SUPPORT
ECO-ACTION 250 GEORGIA AVENUE, SE ATLANTA, GA 30312	58-1854834	501C3	42,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL ADVISORY FOUNDATION INC - 332 ALLISON DR NE - ATLANTA, GA 30342	33-1140313	501C3	25,000.	0.			GENERAL SUPPORT
ELAINE CLARK CENTER FOR EXEPTIONAL CHILDREN - 5130 PEACHTREE INDUSTRIAL BLVD - CHAMBLEE, GA 30341	58-1079411	501C3	45,000.	0.			GENERAL SUPPORT
EMORY SCHOOL OF LAW 130 CLIFTON RD, NE ATLANTA, GA 30322	58-0566256	501C3	75,000.	0.			GENERAL SUPPORT
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON RD NE - ATLANTA, GA 30322	58-0566256	501C3	123,119.	0.			GENERAL SUPPORT
EMPOWERMENT RESOURCE CENTER 230 PEACHTREE STREET NW ATLANTA, GA 30303	56-2587827	501C3	15,000.	0.			GENERAL SUPPORT
EPISCOPAL DIOCESE OF ATLANTA INC 1017 HANK AARON DR. SE ATLANTA, GA 30315	58-1632069	501C3	25,000.	0.			GENERAL SUPPORT
ESSENTIAL2 LIFE INC. P.O. BOX 620053 ATLANTA, GA 30548	58-2168468	501C3	25,000.	0.			GENERAL SUPPORT
EVERY STUDENT EVERY COMMUNITY (DBA REDEFINED ATLANTA) - 830 GLENWOOD AVE SE, STE 510-224 - ATLANTA, GA 30316	81-2554172	501C3	12,500.	0.			GENERAL SUPPORT
FAMILY HERITAGE FOUNDATION, INC. 557 CRESTRIDGE COURT STONE MOUNTAIN, GA 30083	01-0638933	501C3	37,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHERS INCORPORATED 2394 MOUNT VERNON RD DUNWOODY, GA 30038	20-1893855	501C3	12,500.	0.			GENERAL SUPPORT
FAYETTE COUNTY COUNCIL ON DOMESTIC VIOLENCE - P.O. BOX 854 - FAYETTEVILLE, GA 30224	58-1826445	501C3	150,000.	0.			GENERAL SUPPORT
FCS URBAN MINISTRIES 1297 JONESBORO RD SE ATLANTA, GA 30315	58-1330830	501C3	20,000.	0.			GENERAL SUPPORT
FERST READERS P.O. BOX 1327 MADISON, GA 30650	58-2489181	501C3	25,000.	0.			GENERAL SUPPORT
FOOD WELL ALLIANCE 970 JEFFERSON STREET NW ATLANTA, GA 30318	47-4363668	501C3	15,000.	0.			GENERAL SUPPORT
FOREVER FAMILY INC 765 MCDANIEL STREET ATLANTA, GA 30310	58-1744556	501C3	44,000.	0.			GENERAL SUPPORT
FOUNDATIONS INC. 701 EAST GATE DRIVE MOUNT LAUREL, NJ 08054	52-1801849	501C3	100,000.	0.			GENERAL SUPPORT
FRANK SKI KIDS FOUNDATION 1720 BUCKHEAD VALLEY LANE ATLANTA, GA 30324	58-2575924	501C3	10,000.	0.			GENERAL SUPPORT
FRESH FILMS 1700 NORTHSIDE DRIVE NW., SUITE A7- ATLANTA, GA 30318	32-0246706	501C3	125,000.	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 noncash 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	3,361,628.	0.			GENERAL SUPPORT
FURNITURE BANK OF METRO ATLANTA 908 MURPHY AVE SW ATLANTA, GA 30310	58-1815194	501C3	125,000.	0.			GENERAL SUPPORT
FURTHERING FATHERING CORP 31 E RAYMOND AVE. ROOSEVELT, NY 11575	46-2381169	501C3	30,000.	0.			GENERAL SUPPORT
FUTURE FOUNDATION 1892 WASHINGTON ROAD ATLANTA, GA 30344	58-2636418	501C3	125,000.	0.			GENERAL SUPPORT
GA ASSOCIATION FOR THE EDUCATION OF YOUTH CHILDREN - P. O. BOX 49361 - ATLANTA, GA 30359	23-7036993	501C3	50,000.	0.			GENERAL SUPPORT
GAINESVILLE HOUSING CORPORATION P.O. BOX 653 GAINESVILLE, GA 30503	27-2070017	501C3	46,120.	0.			GENERAL SUPPORT
GATE CITY DAY NURSERY ASSOCIATION P.O. BOX 42467 ATLANTA, GA 30311	58-0593408	501C3	12,500.	0.			GENERAL SUPPORT
GEEARS (GA EARLY EDUCATION ALLIANCE FOR READY STUDENTS) - 3400 PEACHTREE RD N.E. - ATLANTA, GA 30326	46-4250104	501C3	573,000.	0.			GENERAL SUPPORT
GENERATION GAP INC 190 LOCUST ST. NE ATLANTA, GA 30317	46-4235436	501C3	37,500.	0.			GENERAL SUPPORT

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GENTS&GLAM COMMUNITY, FAMILY AND YOUTH SERVICES - 348 PENNIMAN STREET - BAXLEY, GA 31513	83-2161073	501C3	32,500.	0.			GENERAL SUPPORT
GEORGIA APPLESEED 1600 PARKWOOD CIR SE ATLANTA, GA 30339	20-4036923	501C3	145,000.	0.			GENERAL SUPPORT
GEORGIA BUILDING TRADES ACADEMY 501 PULLIAM STREET SW ATLANTA, GA 30312	31-1778416	501C3	125,000.	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 MOUNTAINS YMCA 2455 YMCA DR GAINESVILLE, GA 30501	58-2203268	501C3	50,000.	0.			GENERAL SUPPORT
GEORGIA PIEDMONT TECHNICAL COLLEGE FOUNDATION INC. - 495 NORTH INDIAN CREEK DRIVE - CLARKSTON, GA 30021	58-1746961	501C3	50,000.	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	68,000.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSITY RESEARCH P.O. BOX 5317 ATLANTA, GA 31107	58-1845423	501C3	75,000.	0.			GENERAL SUPPORT

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GEORGIA TECH RESEARCH CORPORATION P.O. BOX 100117 ATLANTA, GA 30384	58-0603146	501C3	50,000.	0.			GENERAL SUPPORT
GIRL SCOUT COUNCIL OF NORTHWEST GEORGIA - 5601 NORTH ALLEN RD - MABLETON, GA 30126	58-0566190	501C3	125,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN INTERNATIONAL P.O. BOX 591 VALDOSTA, GA 31603	47-3607344	501C3	25,000.	0.			GENERAL SUPPORT
GLOBAL GROWERS NETWORK INC 500 SOUTH COLUMBIA DRIVE DECATUR, GA 30030	46-2247454	501C3	15,000.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF NORTH GEORGIA (FORMERLY) - 2201 LAWRENCEVILLE HIGHWAY - DECATUR, GA 30033	20-8351046	501C3	60,000.	0.			GENERAL SUPPORT
GRADY HEALTH SYSTEMS P.O. BOX 935916 ATLANTA, GA 31193-5916	58-2130437	501C3	450,000.	0.			GENERAL SUPPORT
HAND, HEART, AND SOUL PROJECT 993 FORREST AVENUE FOREST PARK, GA 30297	82-1127395	501C3	145,000.	0.			GENERAL SUPPORT
HANDS ON RECOVERY AND WELLNESS CENTER - 5625 JACKSON FARMS DRIVE - LILBURN, GA 30047	87-3239033	501C3	54,600.	0.			GENERAL SUPPORT
HARVEST RAIN EARLY LEARNING ACADEMY - 51 SENOIA RD - FAIRBURN, GA 30213	58-2489584	501C3	50,000.	0.			GENERAL SUPPORT

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HEALTH EDUCATION ASSESSMENT & LEADERSHIP - 2600 MARTIN LUTHER KING JR DRIVE SW - ATLANTA, GA 30311	26-3990559	501C3	25,000.	0.			GENERAL SUPPORT
HEARTS TO NOURISH HOPE INC. 640 HWY 138 SW RIVERDALE, GA 30274	58-2164638	501C3	50,000.	0.			GENERAL SUPPORT
HELPING EMPOWER YOUTH 933 NEAL STREET NW ATLANTA, GA 30314	47-3009769	501C3	10,000.	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	40,000.	0.			GENERAL SUPPORT
HOMES OF LIGHT LLC 4426 HUGH HOWELL ROAD TUCKER, GA 30084	45-2653565	501C3	462,848.	0.			GENERAL SUPPORT
HOPE ATLANTA 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	58-0566247	501C3	87,481.	0.			GENERAL SUPPORT
HOPE FOR YOUTH INC. 925B PEACHTREE STREET NE ATLANTA, GA 30309	82-2881480	501C3	50,000.	0.			GENERAL SUPPORT
HORIZONS ATLANTA 177 NORTH AVEVUE ATLANTA, GA 30332	37-1747624	501C3	87,500.	0.			GENERAL SUPPORT

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HOUSE OF CHERITH 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	82-5393648	501C3	142,000.	0.			GENERAL SUPPORT
HOUSING PLUS INC 245 N HIGHLAND AVE NE ATLANTA, GA 30307	83-1195687	501C3	227,929.	0.			GENERAL SUPPORT
I AM HUMAN FOUNDATION 5482 PEACHTREE LANDING DR ELLENWOOD, GA 30294	83-1450516	501C3	7,500.	0.			GENERAL SUPPORT
IMPACT EDU 2202 BATTLECREEK VILLAGE DR JONESBORO, GA 30236	85-3146569	501C3	72,000.	0.			GENERAL SUPPORT
INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY - 4282 MEMORIAL DRIVE - DECATUR, GA 30032	20-1060068	501C3	87,500.	0.			GENERAL SUPPORT
INSPIREDU INC 1550 SOUTHLAND CIRCLE NW ATLANTA, GA 30318	84-3606525	501C3	75,000.	0.			GENERAL SUPPORT
INSPIRITUS INC 731 PEACHTREE ST., STE B ATLANTA, GA 30308	58-1535692	501C3	125,000.	0.			GENERAL SUPPORT
INTERFAITH CHILDREN'S MOVEMENT OF METRO ATLANTA - 1708 PEACHTREE STREET - ATLANTA, GA 30309	03-0457770	501C3	75,000.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE INC (IRC) - 2305 PARKLAKE DR NE, STE 100 - ATLANTA, GA 30345	13-5660870	501C3	75,000.	0.			GENERAL SUPPORT

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INTOWN COLLABORATIVE MINISTRIES 1026 PONCE DE LEON AVE NE ATLANTA, GA 30306	27-0852084	501C3	28,500.	0.			GENERAL SUPPORT
INVEST ATLANTA- OPEN FOR BUSINESS 133 PEACHTREE ST NE, SUITE 2900 ATLANTA, GA 30303	36-4848824	501C3	5,884,500.	0.			GENERAL SUPPORT
JESSYE NORMAN SCHOOL OF THE ARTS, INC. - 739 GREENE STREET - AUGUSTA, GA 30901	31-1776667	501C3	35,000.	0.			GENERAL SUPPORT
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD. ATLANTA, GA 30338	58-1479212	501C3	50,000.	0.			GENERAL SUPPORT
JOSEPH AND EVELYN LOWERY INSTITUTE FOR JUSTICE - 223 JAMES P BRAWLEY DR. SW - ATLANTA, GA 30314	58-2642316	501C3	20,000.	0.			GENERAL SUPPORT
JUMPSTART FOR YOUNG CHILDREN 308 CONGRESS STREET, 6TH FLOOR BOSTON, MA 02210	04-3262046	501C3	125,000.	0.			GENERAL SUPPORT
KENNESAW STATE UNIVERSITY RESEACH AND SERVICE FOUNDATION - 585 COBB AVE - KENNESAW, GA 30178	37-1535589	501C3	22,000.	0.			GENERAL SUPPORT
KIDS VIDEO CONNECTION INC 2989 PATTY HOLLOW COURT DECATUR, GA 30034	02-0777236	501C3	7,500.	0.			GENERAL SUPPORT
KIPP METRO ATLANTA 1445 MAYNARD ROAD NW ATLANTA, GA 30331	27-0564258	501C3	549,500.	0.			GENERAL SUPPORT

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LAAMISTAD 3434 ROSWELL ROAD NW ATLANTA, GA 30305	20-5359559	501C3	12,500.	0.			GENERAL SUPPORT
LATIN AMERICAN ASSOCIATION ATLANTA 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	58-1237316	501C3	92,500.	0.			GENERAL SUPPORT
LATINO COMMUNITY FUND INC P.O. BOX 3299 DECATUR, GA 30031	82-0911954	501C3	50,000.	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	313,000.	0.			GENERAL SUPPORT
LIFT2ENRICH, INC 3155 HEMBREE TRACE DRIVE MARIETTA, GA 30062	82-5194394	501C3	12,500.	0.			GENERAL SUPPORT
LIVE 2 CREATE P.O. BOX 725416 ATLANTA, GA 31139	47-2089539	501C3	10,000.	0.			GENERAL SUPPORT
LIVESAFE RESOURCES, INC. 48 HENDERSON STREET SW MARIETTA, GA 30064	58-0617782	501C3	15,000.	0.			GENERAL SUPPORT
LOS NINOS PRIMERO, INC. 471 MOUNT VERNON HIGHWAY, NE SANDY SPRINGS, GA 30328	20-0840930	501C3	150,000.	0.			GENERAL SUPPORT

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LOS VECINOS DE BUFORD HIGHWAY P.O. BOX 48046 ATLANTA, GA 30362	82-3973974	501C3	104,500.	0.			GENERAL SUPPORT
LUTHERAN SERVICES OF GEORGIA 230 PEACHTREE STREET NW ATLANTA, GA 30303	68-0480736	501C3	92,500.	0.			GENERAL SUPPORT
MACH ACADEMY, INC. 1850 CHESTER AVE. AUGUSTA, GA 30906	58-2013645	501C3	50,000.	0.			GENERAL SUPPORT
MAGIC WAND FOUNDATION 60 KING STREET ROSWELL, GA 30075	65-1047135	501C3	25,000.	0.			GENERAL SUPPORT
MARIETTA SCHOOLS FOUNDATION 144 POLK STREET NW MARIETTA, GA 30064	58-1524893	501C3	948,000.	0.			GENERAL SUPPORT
MARY HALL FREEDOM HOUSE 8995 ROSWELL RD SANDY SPRINGS, GA 30350	58-2238354	501C3	75,000.	0.			GENERAL SUPPORT
MEN & WOMEN OF TRUTH SOBER LIVING 3071 EASTLAND WAY SNELLVILLE, GA 30078	46-2767018	501C3	69,155.	0.			GENERAL SUPPORT
MEN OF EXCELLENCE, INC P.O. BOX 424 ALPHARETTA, GA 30009	81-2278849	501C3	75,000.	0.			GENERAL SUPPORT
MENTAL FITNESS 21ST CENTRY LEARNING - 149 SW BROAD ST - FAIRBURN, GA 30213	46-4613075	501C3	12,500.	0.			GENERAL SUPPORT

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MERCY HOUSING SOUTHEAST 260 PEACHTREE ST ATLANTA, GA 30303	56-1993872	501C3	25,000.	0.			GENERAL SUPPORT
METAMORPHASIS POWERHOUSE COMPANY INC. - 309 SHYRE LAKE LANE - MCDONOUGH, GA 30253	01-0612407	501C3	7,786.	0.			GENERAL SUPPORT
METRO ATLANTA URBAN FARM 3271 MAIN STREET COLLEGE PARK, GA 30337	45-2500753	501C3	15,000.	0.			GENERAL SUPPORT
MLK SR. COMMUNITY RESOURCES COLLABORATIVE - 101 JACKSON ST, NE - ATLANTA, GA 30312	46-4284316	501C3	106,500.	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	75,000.	0.			GENERAL SUPPORT
MUST MINISTRIES P.O. BOX 1717 MARIETTA, GA 30061	58-2034725	501C3	12,500.	0.			GENERAL SUPPORT
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE ATLANTA, GA 30345	30-0130066	501C3	87,500.	0.			GENERAL SUPPORT
NEW KIDS PRODUCTION & DESIGNS 1640 REDAN, E LITHONIA, GA 30058	58-2310701	501C3	25,000.	0.			GENERAL SUPPORT

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NEW LIFE COMMUNITY MINISTRIES 3592 FLAT SHOALS RD DECATUR, GA 30034	58-2616862	501C3	100,000.	0.			GENERAL SUPPORT
NEXT GENERATION FOCUS 5950 WORTHINGTON COURT CUMMING, GA 30040	41-2264512	501C3	75,000.	0.			GENERAL SUPPORT
NICHOLAS HOUSE INC. P.O. BOX 15577 ATLANTA, GA 30333	58-1762614	501C3	144,254.	0.			GENERAL SUPPORT
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS ROAD ROSWELL, GA 30076	58-1521088	501C3	29,500.	0.			GENERAL SUPPORT
NSORO FOUNDATION 667 FAIRBURN RD NW ATLANTA, GA 30331	87-0758361	501C3	50,000.	0.			GENERAL SUPPORT
ON THE RISE COMMUNITY DEVELOPMENT INC. - 299 JOSEPH E. LOWERY BLVD - ATLANTA, GA 30314	85-2731669	501C3	22,050.	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 - SNELLVILLE, GA 30039	45-2901255	501C3	75,000.	0.			GENERAL SUPPORT
OUR HBCUS MATTER FOUNDATION, INC. 2498 HARVEL DRIVE NW ATLANTA, GA 30318	85-3537613	501C3	50,000.	0.			GENERAL SUPPORT

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OUR HOUSE 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501C3	53,332.	0.			GENERAL SUPPORT
OVERCOMERS HOUSE INC. 2114 FOUNTAIN SQUARE SNELLVILLE, GA 30078	35-2376065	501C3	35,000.	0.			GENERAL SUPPORT
PAD 236 FORSYTH ST SW, STE 200 ATLANTA, GA 30303	86-3382851	501C3	60,000.	0.			GENERAL SUPPORT
PARTNERS FOR HOME 818 POLLARD BLVD SW ATLANTA, GA 30315	47-3476724	501C3	147,138.	0.			GENERAL SUPPORT
PEACE BAPTIST CHURCH 4000 COVINGTON HWY DECATUR, GA 30032	58-2135103	501C3	50,000.	0.			GENERAL SUPPORT
PIANOS FOR PEACE, INC. 1795 PEACHTREE STREET NE ATLANTA, GA 30309	47-4784836	501C3	50,000.	0.			GENERAL SUPPORT
POLYANNA'S PLACE 1944 LYLE AVENUE COLLEGE PARK, GA 30337	47-5174549	501C3	143,500.	0.			GENERAL SUPPORT
POSITIVE IMPACT HEALTH CENTERS INC 3350 BRECKINRIDGE BLVD DULUTH, GA 30096	58-1973324	501C3	15,000.	0.			GENERAL SUPPORT
PREMIER ACADEMY INC 120 RENAISSANCE PKWY NE ATLANTA, GA 30308	58-1169016	501C3	12,500.	0.			GENERAL SUPPORT

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PREVENTION PLUS INC 3707 MAIN ST. COLLEGE PARK, GA 30337	58-1707609	501C3	25,000.	0.			GENERAL SUPPORT
PROFESSIONAL FAMILY CHILD CARE ALLIANCE - P.O. BOX 191754 - ATLANTA, GA 31119	45-3936090	501C3	25,000.	0.			GENERAL SUPPORT
PROJECT REAL LIFE YOUTH OCCUPATIONAL TRAINING CORPS, INC. - 274 HIGHWAY 138 SW - RIVERDALE, GA 30274	65-0807566	501C3	50,000.	0.			GENERAL SUPPORT
PROJECT RENEWAL DOMESTIC VIOLENCE P.O. BOX 1205 CONYERS, GA 30012	58-2397407	501C3	187,000.	0.			GENERAL SUPPORT
QUALITY CARE FOR CHILDREN 2751 BUFORD HIGHWAY ATLANTA, GA 30324	58-2400285	501C3	1,672,065.	0.			GENERAL SUPPORT
RAINBOW VILLAGE, INC. 3427 DULUTH HIGHWAY 120 DULUTH, GA 30096-3354	58-2181183	501C3	45,000.	0.			GENERAL SUPPORT
RAISING EXPECTATIONS INC P.O. BOX 92814 ATLANTA, GA 30314	58-2395581	501C3	230,000.	0.			GENERAL SUPPORT
RE:IMAGINE/ATL 100 FLAT SHOALS AVE ATLANTA, GA 30316	85-2743572	501C3	85,000.	0.			GENERAL SUPPORT
REACH FOR EXCELLENCE ATLANTA 3790 ASHFORD DUNWOODY RD NE ATLANTA, GA 30319	01-0614724	501C3	25,000.	0.			GENERAL SUPPORT

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REACH OUT AND READ, INC. 89 SOUTH STREET BOSTON, MA 02111	04-3481253	501C3	250,000.	0.			GENERAL SUPPORT
REFUGEE FAMILY ASSISTANCE PROGRAM 5405 MEMORIAL DR STONE MOUNTAIN, GA 30083	86-1078957	501C3	12,500.	0.			GENERAL SUPPORT
RESTORATION ATL MISSION, INC. 2836 SPRINGDALE RD SW ATLANTA, GA 30315	46-2752756	501C3	75,000.	0.			GENERAL SUPPORT
SALEM BIBLE CHURCH 2283 BAKER ROAD ATLANTA, GA 30318	58-6123678	501C3	15,000.	0.			GENERAL SUPPORT
SCOTTTDALE EARLY LEARNING, INC 479 WARREN AVE SCOTTTDALE, GA 30079	58-1281657	501C3	500,000.	0.			GENERAL SUPPORT
SEAL INC 3740 BLOOMFIELD VILLAGE DR. MACON, GA 31206	82-4849626	501C3	25,000.	0.			GENERAL SUPPORT
SER FAMILIA, INC. 209 NORTHRIDGE 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	20,000.	0.			GENERAL SUPPORT
SHELTERING ARMS GEORGIA 385 CENTENNIAL OLYMPIC PARK DR ATLANTA, GA 30313	58-0566236	501C3	480,750.	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 noncash 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	440,000.	0.			GENERAL SUPPORT
SOUTH DEKALB IMPROVEMENT ASSOCIATION - P.O. BOX 360150 - DECATUR, GA 30036	46-3503740	501C3	40,000.	0.			GENERAL SUPPORT
SOUTH GA STARZ ACADEMY INC 1300 W. BROAD ALBANY, GA 31721	46-2301066	501C3	75,000.	0.			GENERAL SUPPORT
SOUTHERN CRESCENT PEARLS FOUNDATION INCORPORATED - P.O. BOX 1826 - STOCKBRIDGE, GA 30281	26-3673017	501C3	15,000.	0.			GENERAL SUPPORT
SOUTHSIDE RECREATION CENTER INC 604 S. OAK STREET VALDOSTA, GA 31601	58-0977252	501C3	22,500.	0.			GENERAL SUPPORT
ST PHILIP AME CHURCH 240 CANDLER ROAD SE ATLANTA, GA 30317	58-1333986	501C3	13,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY 2050-C CHAMBLEE TUCKER RD. CHAMBLEE, GA 30341	58-1981270	501C3	524,000.	0.			GENERAL SUPPORT
STAR HOUSE FOUNDATION 890-F ATLANTA ST, #138 ROSWELL, GA 30075	58-2356133	501C3	75,000.	0.			GENERAL SUPPORT
STRIVE ATLANTA 1270 CAROLINE STREET ATLANTA, GA 30307	13-3255679	501C3	113,750.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH O REA PREPARTORY PRESCHOOL 791 RAYS ROAD STONE MOUNTAIN, GA 30083	20-8507403	501C3	30,000.	0.			GENERAL SUPPORT
TECHBRIDGE 1360 PEACHTREE ST NE ATLANTA, GA 30309	58-2531971	501C3	100,000.	0.			GENERAL SUPPORT
THE ASCENT PROJECT 387 JOSEPH E LOWERY BLVD SW ATLANTA, GA 30310	27-1148162	501C3	50,000.	0.			GENERAL SUPPORT
THE BLOOM CLOSET 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501C3	25,000.	0.			GENERAL SUPPORT
THE CENTER FOR FAMILY RESOURCES 400 FRANKLIN GATEWAY SE MARIETTA, GA 30067	58-0876634	501C3	166,000.	0.			GENERAL SUPPORT
THE COMMON MARKET GEORGIA 1050 OAKLEIGH DRIVE EAST POINT, GA 30344	47-4769308	501C3	57,500.	0.			GENERAL SUPPORT
THE COMMUNITY RESTORATION PROJECT CORP - 3726 E MAIN STREET - COLLEGE PARK, GA 30337	85-1962631	501C3	1,451,334.	0.			GENERAL SUPPORT
THE DR. ANNISE MABRY FOUNDATION P.O. BOX 114 PORTERDALE, GA 30070	81-1923905	501C3	80,000.	0.			GENERAL SUPPORT
THE GA FOUNDATION FOR EARLY CARE AND LEARNING - 2 MARTIN LUTHER KING JR. DRIVE - ATLANTA, GA 30334	82-1606831	501C3	362,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GATEWAY CENTER 275 PRYOR STREET SW ATLANTA, GA 30303	26-1193832	501C3	711,250.	0.			GENERAL SUPPORT
THE GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 7 DUNWOODY PARK, STE 110 - ATLANTA, GA 30338	76-0809155	501C3	42,500.	0.			GENERAL SUPPORT
THE HIGHLAND PROJECT 71 W. 85TH STREET NEW YORK, NY 10024	85-4241927	501C3	75,000.	0.			GENERAL SUPPORT
THE LINK COUNSELING CENTER 348 MOUNT VERNON HWY NE ATLANTA, GA 30328	58-1109087	501C3	24,750.	0.			GENERAL SUPPORT
THE ODYSSEY FAMILY COUNSELING CENTER - 1919 JOHN WESLEY AVE - COLLEGE PARK, GA 30337	58-1295404	501C3	15,000.	0.			GENERAL SUPPORT
THE PARTNERSHIP FOR SOUTHERN EQUITY - 55 IVAN ALLEN JR. BLVD NW - ATLANTA, GA 30308	27-4424115	501C3	75,000.	0.			GENERAL SUPPORT
THE PITTSBURGH COLLABORATIVE, INC. 270 17TH ST. NW ATLANTA, GA 30363	82-5334993	501C3	25,000.	0.			GENERAL SUPPORT
THE SCHOLARSHIP ACADEMY 215 LAKEWOOD WAY ATLANTA, GA 30315	20-3721836	501C3	47,500.	0.			GENERAL SUPPORT
THE SHINE COMMUNITY, INC. 1795 BUFORD HWY DULUTH, GA 30097	85-1168283	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STUDY HALL AT EMMAUS P.O. BOX 6717 ATLANTA, GA 30315-0717	58-1830316	501C3	25,000.	0.			GENERAL SUPPORT
THE VILLAGE TUTORIAL AND ENRICHMENT PROGRAM - P.O. BOX 243 - SCOTSDALE, GA 30079	47-4764982	501C3	10,876.	0.			GENERAL SUPPORT
THINK BIG YOUTH ORGANIZATION 9784 E OGLETHORPE HWY MIDWAY, GA 31320	47-5288693	501C3	11,000.	0.			GENERAL SUPPORT
THREE SEED COLLABORATIVE 1492 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	85-0868883	501C3	25,000.	0.			GENERAL SUPPORT
THRIVE SS INC. 2038 STANTON ROAD ATLANTA, GA 30344	81-1080246	501C3	7,500.	0.			GENERAL SUPPORT
THRIVE YOUTH DEVELOPMENT, INC. P.O. BOX 143676 FAYETTEVILLE, GA 30214	13-4252063	501C3	18,880.	0.			GENERAL SUPPORT
TOGETHER FRIENDS ORGANIZATION INC. 1215 MILLWOOD DRIVE RIVERDALE, GA 30296	38-2499298	501C3	25,000.	0.			GENERAL SUPPORT
TRANS JUSTICE HOUSING PROJECT INC. 454 IRWIN ST NE, STE 208 ATLANTA, GA 30312	85-1636168	501C3	62,500.	0.			GENERAL SUPPORT
TURNER CHAPEL AME CHURCH 492 NORTH MAIRETTA PARKWAY MARIETTA, GA 30060	58-2317439	501C3	5,250.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIDDLEU INC 605 INDIAN TRAIL LILBURN RD NW LILBURN, GA 30047	85-0925658	501C3	7,500.	0.			GENERAL SUPPORT
UBUNTU COMMUNITY CATALYST P.O. BOX 87403 ATLANTA, GA 30337	85-0650634	501C3	26,000.	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	63,500.	0.			GENERAL SUPPORT
VILLAGE MICRO FUND 1679 OLYMPIAN WAY SW ATLANTA, GA 30310	47-1748802	501C3	50,000.	0.			GENERAL SUPPORT
VISION TUTORING EDUCATIONAL FOUNDATION INC - P.O. BOX 43702 - ATLANTA, GA 30336	90-0635017	501C3	11,941.	0.			GENERAL SUPPORT
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST ATLANTA, GA 30303	02-0678823	501C3	150,000.	0.			GENERAL SUPPORT
W.E. MOVE! TUTORING GROUP 5020 ADDISON TRAIL STATESBORO, GA 30458	83-4511421	501C3	15,000.	0.			GENERAL SUPPORT
WELLSTAR FOUNDATION 805 SANDY PLAINS RD., SUITE 100 MARIETTA, GA 30066	58-1627413	501C3	927,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEFOORD COMMUNITY PROGRAM 1353 GEORGE W BRUMLEY WAY SE ATLANTA, GA 30317	58-2180056	501C3	37,500.	0.			GENERAL SUPPORT
WINGS FOR KIDS 1465 NORTHSIDE DRIVE NW ATLANTA, GA 30318	57-1055054	501C3	75,000.	0.			GENERAL SUPPORT
YELLS, INC. 1156 PIEDMONT AVENUE ATLANTA, GA 30309	27-0900525	501C3	74,715.	0.			GENERAL SUPPORT
YMCA OF METROPOLITAN ATLANTA 569 MARTIN LUTHER KING JR DR NW ATLANTA, GA 30314	58-0566253	501C3	751,500.	0.			GENERAL SUPPORT
YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501C3	25,000.	0.			GENERAL SUPPORT
YOUTH EMPOWERMENT SUCCESS SERVICES 255 N. MAIN STREET JONESBORO, GA 30237	81-0689148	501C3	110,000.	0.			GENERAL SUPPORT
YOUTH IMPACT CENTER, INC P.O. BOX 587 LAKELAND, GA 31635	82-4019263	501C3	75,000.	0.			GENERAL SUPPORT
YOUTHSERV360, INC. 4295 HENDRIX DR FOREST PARK, GA 30297	26-3784096	501C3	25,000.	0.			GENERAL SUPPORT
ZABAN PARADIES CENTER 1605 PEACHTREE STREET NE ATLANTA, GA 30309	27-0728201	501C3	75,799.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE	600	352,820.	0.		HOUSING ASSISTANCE

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

PART I, LINE 2:

UNITED WAY OF GREATER ATLANTA DISTRIBUTES PROGRAMMATIC FUNDS THROUGH THE
CHILD WELL-BEING IMPACT FUND, GOVERNMENT GRANTS, AND SPECIFIC SHORT-TERM
GOAL ORIENTED PHILANTHROPHIC GRANTS. TO MONITOR THE CHILD WELL-BEING IMPACT
FUND, NON-PROFITS ("GRANTEES") MUST ADHERE TO UNITED WAY MINIMUM REPORTING
REQUIREMENTS AT MID POINT AND 30- 60 DAYS AFTER THE END OF THE GRANT TERM.
THE REPORTS COVER DEMOGRAPHIC AND OUTCOME DATA TO DEMONSTRATE THE LEVEL OF
IMPACT MADE BY THE UNITED WAY INVESTMENT. PROGRAM REPORTING IS SUBMITTED
VIA THE UNITED WAY ONLINE DATABASE SYSTEM WHICH CAPTURES DATA ACROSS ALL

Part IV Supplemental Information

PROGRAMS. STAFF ANALYZES THE INFORMATION SUBMITTED BY GRANTEES AND SHARES
THEIR ANALYSIS AND INSIGHTS OUR BOARD LEVEL COMMITTEE ON
PROGRESS/CHALLENGES. AGENCIES ALSO ARE REQUIRED TO SUBMIT FINANCIAL
DOCUMENTS BASED ON THE ORGANIZATION BUDGET TO ASSESS THE ORGANIZATION'S
FISCAL STABILITY. UWGA WEB-BASED GRNT MANAGEMENT SYSTEM HAS AN INTERFACE
WITH CANDID'S GUIDESTAR CHARITY CHECK TO VALIDATE COMPLIANCE. FOR
SHORT-TERM GRANTS AND GOVERNMENT GRANTS ADMINISTERED BY UNITED WAY THERE IS
A SIMILAR PROCESS OF REPORTING, ALTHOUGH THE FREQUENCY MAY VARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

Part I Questions Regarding Compensation

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

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

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

	Yes	No
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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

4a	X	
4b		X
4c		X

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

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

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

5a		X
5b		X

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

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

6a		X
6b		X

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) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MILTON LITTLE, JR. CEO	(i)	445,452.	35,000.	50,266.	84,382.	20,585.	635,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM PAKENHAM COO	(i)	371,690.	0.	41,944.	19,800.	1,300.	434,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTEN MCCOLLUM CFO & CPO	(i)	238,965.	0.	17,292.	51,589.	33,175.	341,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	213,191.	1,005.	72,533.	9,115.	6,356.	302,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATRINA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i)	181,946.	0.	29,081.	33,164.	33,886.	278,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHAD DILLARD CHIEF DEVELOPMENT OFFICER	(i)	217,258.	0.	23,110.	14,788.	21,665.	276,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NATALIE EVANS CHIEF DATA OFFICER	(i)	193,027.	0.	5,642.	20,525.	25,544.	244,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PROTIO BISWAS SENIOR VP, ECONOMIC STABILITY	(i)	126,186.	0.	37,239.	34,005.	25,944.	223,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAIRE BURKE CONTROLLER	(i)	143,360.	0.	16,789.	19,056.	25,432.	204,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ORINZAL WILLIAMS VICE PRESIDENT OF INFORMATION TECHNO	(i)	109,899.	655.	29,635.	31,670.	21,608.	193,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LAUREN BROOKS SENIOR VP, REVENUE	(i)	157,943.	0.	5,255.	8,987.	17,742.	189,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MONICA J SCARBROUGH VICE PRESIDENT OF DEVELOPMENT	(i)	140,324.	0.	22,561.	9,656.	415.	172,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DENNIS LONG ASSISTANT VP OF DEVELOPMENT, OUTSIDE	(i)	121,976.	0.	15,463.	23,013.	9,705.	170,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ALVIN GLYMPH VICE PRESIDENT-STRATEGIC IMPACT	(i)	117,836.	0.	17,524.	8,157.	26,135.	169,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 4A:

ELIZABETH WARD RECEIVED \$36,923.08 IN SEVERANCE FOR CALENDAR YEAR 2023 FOR THE PERIOD OF 11/6/23-12/29/23. THE TERMS AND CONDITIONS WERE CONSISTENT WITH INDUSTRY STANDARDS.

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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	795,440	6,299,885.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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.

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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

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

FAMILIES, AND INDIVIDUALS IN THE COMMUNITY. FOR INDIVIDUALS AND

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

UNITED WAY IS THE PLATFORM THAT ENABLES INDIVIDUALS, GROUPS, AND

COMPANIES TO MAKE A DIFFERENCE INDIVIDUALLY AND COLLECTIVELY IN

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

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

OF THEIR COMMUNITY, UNITED WAY IS THE PLATFORM THAT ENABLES

INDIVIDUALS, GROUPS, AND COMPANIES TO MAKE A DIFFERENCE INDIVIDUALLY

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

TALENT, AND TREASURE.

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

SUSTAINABLE CONTRIBUTIONS TO THE COMMUNITY.

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

COMMUNITY EMERGENCIES. ANSWERING OVER 89,000 LIVE CONTACTS THROUGH

TELEPHONE, TEXT, LIVE CHAT, EMAIL, AND POSTAL SEARCHES AS WELL AS OVER

395,000 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:

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

Schedule O (Form 990) 2023

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

VOLUNTEERISM, AMONG OTHERS.

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

UNITED WAY PROVIDES SUPPORT AND SERVICES TO COMMUNITY GROUPS AND PUBLIC AGENCIES IN ATLANTA THROUGH THE USE OF THE LOUDERMILK CONFERENCE CENTER. THE LOUDERMILK CONFERENCE CENTER EXEMPLIFIES UNITED WAY'S COMMITMENT TO THE CITY BY SERVING AS THE PREMIER MEETING PLACE FOR METRO ATLANTA NONPROFIT ORGANIZATIONS, CIVIC GROUPS AND THE BUSINESS COMMUNITY. UNITED WAY ALSO LEASES THE WOODRUFF VOLUNTEER CENTER TO NON-PROFITS AND OTHER BUSINESSES. ADDITIONALLY, UNITED WAY EARNS REVENUE ON FEE FOR SERVICE ARRANGEMENTS.

EXPENSES \$ 5,535,334. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,397,961.

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

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

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

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

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

UNITED WAY HIRES AN OUTSIDE CONSULTANT TO PERFORM A COMPENSATION AUDIT

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number

58-0566194

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 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

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

REQUESTED.

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

CHANGE IN LIABILITY FOR PENSION BENEFIT	1,515,815.
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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER ATLANTA, INC

Employer identification number
58-0566194

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

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

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

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

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

Schedule R (Form 990) 2023

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

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

OMB No. 1545-0047

2023For calendar year 2023 or other tax year beginning **JUL 1, 2023**, and ending **JUN 30, 2024**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).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		UNITED WAY OF GREATER ATLANTA, INC	58-0566194
		Number, street, and room or suite no. If a P.O. box, see instructions. 40 COURTLAND STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 109,023,182.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> 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 <input type="checkbox"/>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of KRISTEN L. MCCOLLUM Telephone number 404-527-7200

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	385,268.
2 Reserved	2	
3 Add lines 1 and 2	3	385,268.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	385,268.
6 Deduction for net operating loss. See instructions STATEMENT 3	6	385,268.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF GREATER ATLANTA, INC	Taxpayer identification number (TIN) 58-0566194
	Number, street, and room or suite no. If a P.O. box, see instructions. 40 COURTLAND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KRISTEN L. MCCOLLUM**
40 COURTLAND STREET - ATLANTA, GA 30303

Telephone No. **404-527-7200** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Part III Tax and Payments (continued)

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 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 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	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ 796,186. 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.		
	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			PTIN P01346034
	Firm's name	Firm's EIN		
	CHERRY BEKAERT ADVISORY LLC	88-2730877		
	Firm's address	Phone no.		
	1075 PEACHTREE STREET NE, SUITE 1600 ATLANTA, GA 30309	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

UNITED WAY OF GREATER ATLANTA, INC

58-0566194

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS

N/A

55,631,661.

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

55,631,661.

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 2018

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022 69,648,839

TOTAL CARRYOVER

69,648,839

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

55,631,661

TOTAL CONTRIBUTIONS AVAILABLE

125,280,500

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

125,280,500

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

125,280,500

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	796,186.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	385,268.

SCHEDULE A ENTITY	SCHEDULE A SHARE
-------------------	------------------

1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	385,268.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	410,918.

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.	957,602.	704,165.	704,165.
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			796,186.	796,186.

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

2023

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 394,081.				
b Less returns and allowances c Balance	1c	394,081.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	394,081.		394,081.
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	394,081.		394,081.

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	36,232.
3 Repairs and maintenance	3	6,553.
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	5,483.
8 Less depreciation claimed in Part III and elsewhere on return	8a	
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	141,980.
15 Total deductions. Add lines 1 through 14	15	190,248.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	203,833.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	203,833.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
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				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

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	14,019.
INSURANCE	16,640.
MANAGEMENT FEES	34,232.
SECURITY EXPENSES	22,242.
CLEANING EXPENSES	9,135.
PROFESSIONAL FEES	25,662.
OCCUPANCY AND RELATED	20,046.
MISCELLANEOUS	4.
TOTAL TO SCHEDULE A, PART II, LINE 14	141,980.

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

2023

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		12 876,958.		876,958.
13 Total. Combine lines 3 through 12		13 876,958.		876,958.

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	271,933.
3 Repairs and maintenance	3	28,188.
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	26,290.
8 Less depreciation claimed in Part III and elsewhere on return	8a	
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	369,112.
15 Total deductions. Add lines 1 through 14	15	695,523.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	181,435.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	181,435.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
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	

Schedule A (Form 990-T) 2023

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				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT 7
DESCRIPTION		AMOUNT
LOUDERMILK CONFERENCE CENTER		876,958.
TOTAL TO SCHEDULE A, PART I, LINE 12		876,958.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		59,966.
OCCUPANCY AND RELATED		60,505.
CLEANING EXPENSES		20,480.
FOOD		103,790.
MISCELLANEOUS		63,434.
BANK CHARGES		8,893.
SUPPLIES AND GENERAL		7,570.
POSTAGE		142.
OFFICE EQUIPMENT		44,332.
TOTAL TO SCHEDULE A, PART II, LINE 14		369,112.

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) A PG1 1

OMB No. 1545-0172

2023
Attachment
Sequence No. **179**

Attach to your tax return.

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

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	1,160,000.
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	2,890,000.
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 2022 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 2024. 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 2023	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		

Section B - Assets Placed in Service During 2023 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 2023 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	5,483.
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	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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
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42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 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 2

OMB No. 1545-0172

2023
Attachment
Sequence No. **179**

Attach to your tax return.

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

Business or activity to which this form relates

**RENTAL OF CONFERENCE
CENTER**

Identifying number

58-0566194

UNITED WAY OF GREATER ATLANTA, INC

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	1,160,000.
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	2,890,000.
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 2022 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 2024. 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 2023	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		

Section B - Assets Placed in Service During 2023 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 2023 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	26,290.
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
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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	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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
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42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year **43**

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