

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **UNITED WAY OF NORTHEAST GEORGIA INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 HUNTINGTON ROAD, SUITE 805
 City or town, state or province, country, and ZIP or foreign postal code
ATHENS GA 30606

D Employer identification number: **** - ***8133**

E Telephone number: **706-543-5254**

F Name and address of principal officer:
KAY C. KELLER
1 HUNTINGTON ROAD, SUITE 805
ATHENS GA 30606

G Gross receipts \$ **1,561,726**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number ▶ _____

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

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

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1952** **M** State of legal domicile: **GA**

| Part I Summary | | Prior Year | Current Year |
|--|---|------------------------------------|------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 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 | 22 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 4 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 274 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,684,257 | 1,553,823 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 41,197 | 7,903 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,600 | -1,078 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,739,054 | 1,560,648 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 863,000 | 300,000 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 316,930 | 311,153 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,220 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 392,554 | 330,717 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,572,484 | 941,870 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 166,570 | 618,778 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 844,136 | End of Year: 1,191,680 |
| | 21 Total liabilities (Part X, line 26) | 646,664 | 336,140 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 197,472 | 855,540 |

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: **KAY C. KELLER** Date: _____
 Type or print name and title: **PRESIDENT AND CEO**

Paid Preparer Use Only

Print/Type preparer's name: **SETH D. ROBISON, CPA** Preparer's signature: _____ Date: **08/23/21** Check if self-employed PTIN: *********

Firm's name: **RESOURCE TAX AND ACCOUNTING, LLC** Firm's EIN: **** - ***8146**
 Firm's address: **1551 JENNINGS MILL RD UNIT 900A WATKINSVILLE, GA 30677-7256** Phone no.: **706-353-2016**

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:

SEE SCHEDULE O

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 \$ **596,073** including grants of \$ **300,000**) (Revenue \$)

UNITED WAY OF NORTHEAST GEORGIA AGENCIES

SINCE 1954, UNITED WAY OF NORTHEAST GEORGIA HAS BEEN HELPING FAMILIES AND INDIVIDUALS IN NEED. WE FOCUS ON THREE PRIORITY AREAS THAT WE BELIEVE ARE ESSENTIAL BUILDING BLOCKS FOR A GREAT LIFE: BASIC NEEDS, EARLY CHILDHOOD SUCCESS, AND WORKFORCE DEVELOPMENT. OUR APPROACH IS UNIQUE BECAUSE WE INVEST IN PROGRAMS THAT MEET A NEED, ACHIEVE THE RESULTS, AND ARE GOOD STEWARDS OF RESOURCES. EACH YEAR, PEOPLE ACROSS OUR 12-COUNTY REGION BENEFIT FROM PROGRAMS AND INITIATIVES MADE POSSIBLE THROUGH GENEROUS COMMUNITY CONTRIBUTIONS.

4b (Code:) (Expenses \$ **95,644** including grants of \$) (Revenue \$)

DOLLY PARTON'S IMAGINATION LIBRARY

AN EARLY CHILDHOOD LITERACY PROGRAM FOCUSED ON INSTILLING A LOVE OF READING IN YOUNG CHILDREN AND PREPARING THOSE CHILDREN FOR KINDERGARTEN. THE PROGRAM SENDS ONE, FREE AND AGE-APPROPRIATE BOOK TO CHILDREN AGES 0-5 IN CLARKE AND OCONEE COUNTY, GA. PARENT ENGAGEMENT TIPS ARE PROVIDED ON THE INSIDE FLAP OF EACH BOOK. FAMILIES IN OUR PROGRAM RECEIVE MONTHLY E-NEWSLETTERS WITH FURTHER READING TIPS AND INFORMATION ON LOCAL LITERACY EVENTS.

4c (Code:) (Expenses \$ **45,494** including grants of \$) (Revenue \$)

211 PROGRAM

THE 211 PROGRAM HELPS BUILD LOCAL COMMUNITY CAPACITY THROUGH STREAMLINING THE PROCESS FOR GIVING AND RECEIVING HELP. THE SERVICE COVERS 15 COUNTIES IN THE NORTHEAST GEORGIA REGION. 211 SERVICE DELIVERY INCLUDES DATABASE DEVELOPMENT AND MAINTENANCE, RESOURCE DEVELOPMENT, COMMUNITY OUTREACH AND MARKETING OF 211, AND SUPERVISION OF 211 VOLUNTEERS. THIS DEPARTMENT WORKS CLOSELY WITH THE UNITED WAY OF GREATER ATLANTA'S 211 DATABASE MANAGER, SERVICE PROVIDERS, COMMUNITY MEMBERS, KEY COMMUNITY LEADERS, AND INVESTORS TO SUPPORT THE ACCESSIBILITY OF QUALITY INFORMATION AND REFERRAL TO NORTHEAST GEORGIA.

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

(Expenses \$ **836** including grants of \$) (Revenue \$)

4e Total program service expenses **738,047**

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)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | 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? If "Yes," complete Schedule D, Part I | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | | 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? If "Yes," complete Schedule D, Part VI | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | 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? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | 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)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | 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? If "Yes," complete Schedule F, Parts II and IV | | 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? If "Yes," complete Schedule F, Parts III and IV | | 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? If "Yes," complete Schedule G, Part I See instructions | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 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> | | 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> | | 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> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | 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> | | 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> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | 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> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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> | | |
| 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> | | 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> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | |
|----|---|
| 1a | 2 |
| 1b | 0 |

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

| | |
|-----------|---|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► GA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ► KAY C. KELLER 1 HUNTINGTON ROAD, SUITE 805 ATHENS GA 30606 706-543-5254 |

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) TODD HENRY | 2.00 | | | | | | | | | |
| BOARD CHAIR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (2) JASON SMITH | 2.00 | | | | | | | | | |
| BOARD CHAIR ELECT | 0.00 | X | | | | | 0 | 0 | 0 | |
| (3) PAUL CHAMBERS | 2.00 | | | | | | | | | |
| CAMPAIGN CHAIR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (4) RYAN HAMMOCK | 2.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) KEVIN CLARK | 2.00 | | | | | | | | | |
| MARKETING CHAIR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) SCOTT LOWRY | 2.00 | | | | | | | | | |
| LEGAL CHAIR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) DEVIN WOOD | 2.00 | | | | | | | | | |
| COMM IMPACT CHAIR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) MONTEZ CARTER | 2.00 | | | | | | | | | |
| EXEC COMM MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) EVAN ELDER | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) BRODERICK FLANIGAN | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) CAROL GITTENS | 1.00 | | | | | | | | | |
| AT LARGE | 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 per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) ROBERT GRIFFITH | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (13) MIKE HACKETT | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (14) LAWRENCE HARRIS | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (15) ALICIN HENDRICKS | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (16) DR. TONY MALLON | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (17) DR. ANGELA MOTON | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (18) JEAN MULLIS | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| (19) BETH PATRICK | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | | 0 | 0 | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 97,521 | | |
| d Total (add lines 1b and 1c) | | | | | | | | 97,521 | | |

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 **0**

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

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 **0**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 8,823 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 61,000 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,484,000 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 1,553,823 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 7,903 | | | 7,903 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 6a | | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7a | | | | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ 8,823 of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | 8a | | | | | |
| b Less: direct expenses | | 8b | 1,078 | | | | |
| c Net income or (loss) from fundraising events | | | -1,078 | | -1,078 | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 1,560,648 | 0 | 0 | 6,825 | |

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 | 300,000 | 300,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 254,521 | 117,007 | 32,507 | 105,007 |
| 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,054 | 3,242 | 902 | 2,910 |
| 9 Other employee benefits | 30,454 | 15,916 | 2,529 | 12,009 |
| 10 Payroll taxes | 19,124 | 9,029 | 2,201 | 7,894 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 15,500 | 15,500 | | |
| c Accounting | 53,255 | 53,255 | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 368 | 144 | 112 | 112 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 1,676 | | 838 | 838 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 966 | 322 | 322 | 322 |
| 20 Interest | 1,480 | 1,480 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,481 | | 5,481 | |
| 23 Insurance | 3,750 | 3,750 | | |
| 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 BOOKS - DPIL | 95,613 | 95,613 | | |
| b CALL CENTER MONITOR-2-1-1 | 36,828 | 36,828 | | |
| c DUES AND SUBSCRIPTIONS | 26,090 | 24,008 | | 2,082 |
| d DONATION TRACKING | 25,958 | 12,979 | | 12,979 |
| e All other expenses | 63,752 | 48,974 | 711 | 14,067 |
| 25 Total functional expenses. Add lines 1 through 24e | 941,870 | 738,047 | 45,603 | 158,220 |
| 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 | 168,294 | 1 | 581,633 |
| | 2 Savings and temporary cash investments | 34,193 | 2 | 34,265 |
| | 3 Pledges and grants receivable, net | 279,155 | 3 | 168,062 |
| | 4 Accounts receivable, net | | 4 | |
| | 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 | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 279,328 | | |
| | b Less: accumulated depreciation | 10b 173,948 | 105,575 | 10c 105,380 |
| | 11 Investments—publicly traded securities | 241,714 | 11 | 287,235 |
| | 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 | 15,205 | 15 | 15,105 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 844,136 | 16 | 1,191,680 | |
| Liabilities | 17 Accounts payable and accrued expenses | 571,324 | 17 | 319,941 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 25,340 | 23 | 16,199 |
| | 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 | 50,000 | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 646,664 | 26 | 336,140 |
| 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 | -11,475 | 27 | 652,903 |
| | 28 Net assets with donor restrictions | 208,947 | 28 | 202,637 |
| | 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 | 197,472 | 32 | 855,540 |
| 33 Total liabilities and net assets/fund balances | 844,136 | 33 | 1,191,680 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,560,648 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 941,870 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 618,778 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 197,472 |
| 5 | Net unrealized gains (losses) on investments | 5 | 39,251 |
| 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 | 39 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 855,540 |

Part XII Financial Statements and Reporting

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

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

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

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (20) TONYA POWERS | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | 0 | 0 | 0 | |
| (21) JAMES WHITLOW RICHARDSON | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | 0 | 0 | 0 | |
| (22) DR. LISA VAUGHN | 1.00 | | | | | | | | | |
| AT LARGE | 0.00 | X | | | | | 0 | 0 | 0 | |
| (23) KAY C. KELLER | 40.00 | | | | | | | | | |
| PRESIDENT AND CEO | 0.00 | | | X | | | 97,521 | 0 | 0 | |
| 1b Subtotal | | | | | | | 97,521 | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

****-***8133**

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,402,243 | 1,969,175 | 1,541,047 | 1,684,257 | 1,553,823 | 9,150,545 |
| 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 | 2,402,243 | 1,969,175 | 1,541,047 | 1,684,257 | 1,553,823 | 9,150,545 |
| 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) | | | | | | 2,911,973 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 6,238,572 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 2,402,243 | 1,969,175 | 1,541,047 | 1,684,257 | 1,553,823 | 9,150,545 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 19,633 | 48,325 | -1,056 | 41,197 | 7,903 | 116,002 |
| 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.) | 14,158 | 13,600 | 13,600 | 13,600 | | 54,958 |
| 11 Total support. Add lines 7 through 10 | | | | | | 9,321,505 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 153,889 |

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 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | 66.93 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 77.27 % |

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

| | | |
|----------------------------|-----------|---------------|
| ADMINISTRATIVE FEES | \$ | 54,958 |
|----------------------------|-----------|---------------|

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST GEORGIA INC**** - *** 8133**

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

-*8133

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | PUBLIX SUPER MARKETS, INC. 2600 DELK ROAD MARIETTA GA 30067 | \$ 357,566 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CATERPILLAR-ATHENS 250 DOZER DRIVE ATHENS GA 30606 | \$ 86,177 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | HARRISON POULTRY, INC. 107 E. STAR STREET WINDER GA 30680 | \$ 81,408 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | QUIKTRIP DISTRIBUTION 41 JACKSON CONCOURSE PENDERGRASS GA 30567 | \$ 53,552 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | JOHNSON & JOHNSON 1440 OLYMPIC DRIVE ATHENS GA 30601 | \$ 42,028 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | GOLDEN PANTRY FOOD STORES 1150 GOLDEN WAY WATKINSVILLE GA 30677 | \$ 48,032 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

**** - ***8133**

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 |
|------------|---|----------------------------|---|
| 7 | ABB MOTORS AND MECHANICAL 195 COLLINS INDUSTRIAL BLVD ATHENS GA 30601 | \$ 38,992 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | CHICO'S 1020 BARROW INDUSTRIAL PARKWAY WINDER GA 30680 | \$ 31,695 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | UNIVERSITY OF GEORGIA PAYROLL OFFICE BUSINESS SERVICES BUILDING ATHENS GA 30602 | \$ 59,061 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | KROGER VARIOUS ATHENS GA 30606 | \$ 43,576 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | PIEDMONT ATHENS REGIONAL HEALTHCARE 1199 PRINCE AVENUE ATHENS GA 30606 | \$ 40,240 | Person <input type="checkbox"/> Payroll <input checked="" 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.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST GEORGIA INC

** - *** 8133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 25,000 | | 25,000 |
| b Buildings | | 142,474 | 67,249 | 75,225 |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 111,854 | 106,699 | 5,155 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 105,380 |

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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 | 1,599,899 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 39,251 |
| 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 | 39,251 |
| 3 | Subtract line 2e from line 1 | 3 | 1,560,648 |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 1,560,648 |

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 | 941,831 |
| 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 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 941,831 |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | 39 |
| c | Add lines 4a and 4b | 4c | 39 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 941,870 |

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 XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE **\$ 39**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

**** - ***8133**

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ACC SANE, INC. | | 501C3 | 10,000 | | | | COMMUNITY BENEFIT |
| (2) | AREA COMMITTEE TO IMPROVE | | 501C3 | 10,000 | | | | COMMUNITY BENEFIT |
| (3) | ATHENS AREA HOMELESS SHELTER, INC. | | 501C3 | 13,000 | | | | COMMUNITY BENEFIT |
| (4) | ATHENS COMMUNITY COUNCIL ON AGING | | 501C3 | 15,000 | | | | COMMUNITY BENEFIT |
| (5) | ATHENS LAND TRUST, INC. | | 501C3 | 8,000 | | | | COMMUNITY BENEFIT |
| (6) | BOOKS FOR KEEPS | | 501C3 | 15,000 | | | | COMMUNITY BENEFIT |
| (7) | BOYS & GIRLS CLUB OF ATHENS, INC. | | 501C3 | 10,000 | | | | COMMUNITY BENEFIT |
| (8) | CHILDREN FIRST, INC. | | 501C3 | 20,000 | | | | COMMUNITY BENEFIT |
| (9) | FRIENDS OF ADVANTAGE, INC. | | 501C3 | 19,000 | | | | COMMUNITY BENEFIT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

**** - ***8133**

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | GOODWILL OF NORTH GEORGIA, INC. | | 501C3 | 30,000 | | | | COMMUNITY BENEFIT |
| (2) | MOUNTAIN CIRCUIT COURT APPOINTED | | 501C3 | 18,000 | | | | COMMUNITY BENEFIT |
| (3) | NORTHEAST GEORGIA REGIONAL | | 501C3 | 25,000 | | | | COMMUNITY BENEFIT |
| (4) | PREVENT CHILD ABUSE ATHENS, INC. | | 501C3 | 45,000 | | | | COMMUNITY BENEFIT |
| (5) | PROJECT SAFE, INC. | | 501C3 | 15,000 | | | | COMMUNITY BENEFIT |
| (6) | QUALITY CARE FOR CHILDREN, INC. | | 501C3 | 12,000 | | | | COMMUNITY BENEFIT |
| (7) | YOUNG WOMEN'S CHRISTIAN | | 501C3 | 10,000 | | | | COMMUNITY BENEFIT |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

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

Schedule I (Form 990) (2020)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

**** - ***8133****FORM 990 - ORGANIZATION'S MISSION**

UNITED WAY OF NORTHEAST GEORGIA (UWNEGA) ENVISIONS A REGION WHERE EVERY MAN, WOMAN, AND CHILD HAS ACCESS TO QUALITY EDUCATION, FINANCIAL STABILITY, AND A HEALTHY LIFESTYLE. WE WORK TO MOTIVATE AND MOBILIZE RESOURCES TO MEET THE HIGHEST PRIORITY NEEDS OF THE INDIVIDUALS AND FAMILIES LIVING IN OUR 12-COUNTY REGION. UWNEGA FOCUSES ON THREE PILLARS: BASIC NEEDS, EARLY CHILDHOOD SUCCESS, AND WORKFORCE DEVELOPMENT. WE DO SO BY INVESTING IN IMPACT THROUGH GRANTING FUNDS TO PROGRAMS OF LOCAL NONPROFITS, PROVIDING RESOURCES LIKE 211, AND OFFERING TRAINING AND EDUCATIONAL SERIES TO NONPROFIT LEADERS AND ORGANIZATIONS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**WOMEN UNITED**

WOMEN UNITED WAS FORMED FOR WOMEN TO ADVOCATE ISSUES IMPORTANT TO THEM AND TAKE A LEADERSHIP ROLE IN ADVANCING THE UNITED WAY'S WORK IN NORTHEAST GEORGIA.

PLANNED GIVING

PLANNED GIVING IS A PLANNED GIFT TO UNITED WAY OF NORTHEAST GEORGIA THROUGH A CONTRIBUTION THAT IS ARRANGED IN THE PRESENT AND ALLOCATED AT A FUTURE DATE. COMMONLY DONATED THROUGH A WILL OR TRUST, PLANNED GIFTS ARE MOST OFTEN GRANTED ONCE THE DONOR HAS PASSED AWAY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE COMPLETED FORM 990 WILL BE EMAILED TO ALL UNITED WAY BOARD MEMBERS FOR REVIEW.

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST GEORGIA INC

** - *** 8133

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ANNUAL POLICY IS PRESENTED TO THE BOARD WHICH INCLUDES A STATEMENT THAT THEY MUST ASTAIN FROM MAKING DECISIONS REGARDING ANY AGENCY ON WHICH THEY ARE ACTIVELY INVOLVED (EX: BOARD MEMBER, ETC.). VERBAL STATEMENTS ARE ACCEPTED FROM BOARD MEMBERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL FULL TIME EMPLOYEES HAVE AN ANNUAL PERFORMANCE REVIEW JULY OR AUGUST EVERY YEAR TO DETERMINE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE MAINTAINED IN THE FINANCIAL OFFICE AND ARE MADE AVAILABLE FOR INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ 39

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

UNITED WAY OF NORTHEAST GEORGIA INC

Identifying number
**** - *** 8133**

Business or activity to which this form relates

INDIRECT DEPRECIATION

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 | 1,040,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,590,000 |
| 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 2019 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 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 2021. 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. See instructions.)

| | | | |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 5,350 |

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 2020 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> | |

Section B—Assets Placed in Service During 2020 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 | 847 | 5.0 | MQ | 200DB | 42 |
| 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 | |
| i | Nonresidential real property | 03/03/20 | 4,400 | 39 yrs. | MM | S/L |
| | | | | MM | S/L | 89 |

Section C—Assets Placed in Service During 2020 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 instructions | 22 | 5,481 |
| 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 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

THERE ARE NO AMOUNTS FOR PAGE 2

Year Ended: December 31, 2020

_*8133

United Way of Northeast Georgia Inc
1 Huntington Road, Suite 805
Athens, GA 30606

**Electing out of Bonus Depreciation Allowance
for 5-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

-*8133

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|---------------------------------------|--|--------------------|----------------|----------|-------------|-------|-------------------|---------|----------|----------------|--------------|
| 5-year GDS Property: | | | | | | | | | | | |
| 49 | LAPTOP - KKELLER | 12/20/20 | 847 | | | | 847 | 5 | MQ200DB | 0 | 42 |
| | | | <u>847</u> | | | | <u>847</u> | | | <u>0</u> | <u>42</u> |
| Non-Residential Real Property: | | | | | | | | | | | |
| 50 | 2.5 TON HEAT PUMP SYSTEM | 3/03/20 | 4,400 | | | | 4,400 | 39 | MMS/L | 0 | 89 |
| | | | <u>4,400</u> | | | | <u>4,400</u> | | | <u>0</u> | <u>89</u> |
| Prior MACRS: | | | | | | | | | | | |
| 1 | FURNITURE & FIXTURES | 1/01/88 | 12,943 | | | | 12,943 | 5 | HY 200DB | 12,943 | 0 |
| 2 | FURNITURE & FIXTURES | 1/01/88 | 12,478 | | | | 12,478 | 5 | HY 200DB | 12,478 | 0 |
| 3 | FURNITURE & FIXTURES | 1/01/91 | 1,517 | | | | 1,517 | 5 | HY 200DB | 1,517 | 0 |
| 4 | FURNITURE & FIXTURES | 1/01/92 | 2,500 | | | | 2,500 | 5 | HY 200DB | 2,500 | 0 |
| 5 | COMPUTER & SOFTWARE | 5/01/96 | 2,429 | | | | 2,429 | 5 | HY 200DB | 2,429 | 0 |
| 6 | VCR | 5/01/96 | 500 | | | | 500 | 5 | HY 200DB | 500 | 0 |
| 7 | LASER PRINTER | 8/30/96 | 1,467 | | | | 1,467 | 5 | HY 200DB | 1,467 | 0 |
| 8 | MITA COPIER | 9/26/96 | 4,194 | | | | 4,194 | 5 | HY 200DB | 4,194 | 0 |
| 9 | COMPUTER | 10/22/96 | 300 | | | | 300 | 5 | HY 200DB | 300 | 0 |
| 10 | COMPUTER UPGRADE | 7/03/97 | 289 | | | | 289 | 5 | HY 200DB | 289 | 0 |
| 11 | TELEPHONES | 9/18/97 | 1,002 | | | | 1,002 | 7 | HY 200DB | 1,002 | 0 |
| 12 | COMPUTER SYSTEM | 9/18/97 | 6,527 | | | | 6,527 | 5 | HY 200DB | 6,527 | 0 |
| 13 | HP PRINTER | 6/26/98 | 770 | | | | 770 | 5 | HY 200DB | 770 | 0 |
| 14 | COMPUTER | 6/09/00 | 868 | | | | 868 | 5 | HY 200DB | 868 | 0 |
| 16 | COMPUTER-SUCCESS BY 6 | 4/03/00 | 891 | | | | 891 | 5 | HY 200DB | 891 | 0 |
| 17 | HP PRINTER #7960 | 8/21/01 | 1,570 | | | | 1,570 | 5 | HY 200DB | 1,570 | 0 |
| 18 | COMPUTER MONITOR | 8/21/01 | 160 | | | | 160 | 5 | HY 200DB | 160 | 0 |
| 19 | COMPUTER MONITOR | 8/21/01 | 160 | | | | 160 | 5 | HY 200DB | 160 | 0 |
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | | | X | 636 | 5 | HY 200DB | 909 | 0 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | | | X | 279 | 7 | HY 200DB | 399 | 0 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | | | X | 273 | 7 | HY 200DB | 390 | 0 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | | | X | 186 | 7 | HY 200DB | 266 | 0 |
| 24 | BOOKCASE | 8/12/02 | 96 | | | X | 67 | 7 | HY 200DB | 96 | 0 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | | | X | 52 | 7 | HY 200DB | 75 | 0 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | | | X | 155 | 7 | HY 200DB | 222 | 0 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | | | X | 169 | 7 | HY 200DB | 241 | 0 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | | | X | 45 | 5 | HY 200DB | 64 | 0 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | | | X | 97 | 5 | HY 200DB | 139 | 0 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | | | X | 97 | 5 | HY 200DB | 139 | 0 |
| 31 | WALL PICTURES | 8/22/02 | 64 | | | X | 45 | 5 | HY 200DB | 64 | 0 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | | | X | 38 | 5 | HY 200DB | 54 | 0 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | | | X | 75 | 5 | HY 200DB | 107 | 0 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | | | X | 188 | 5 | HY 200DB | 268 | 0 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | | | X | 350 | 5 | HY 200DB | 500 | 0 |
| 39 | LATERAL FILE | 4/25/03 | 100 | | | X | 70 | 5 | HY 200DB | 100 | 0 |
| 40 | BOOKCASE | 4/25/03 | 75 | | | X | 52 | 5 | HY 200DB | 75 | 0 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | | | X | 140 | 5 | HY 200DB | 200 | 0 |
| 42 | DESK | 4/25/03 | 350 | | | X | 245 | 5 | HY 200DB | 350 | 0 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | | | X | 4,518 | 7 | HY 200DB | 9,037 | 0 |
| 44 | OFFICE FURN-PLAN GIVING | 7/14/05 | 192 | | | | 192 | 5 | HY 200DB | 192 | 0 |
| 45 | HP LAPTOP COMP/PRIN-PG | 7/15/05 | 1,758 | | | | 1,758 | 5 | HY 200DB | 1,758 | 0 |
| 46 | VERIZON PDA/PH COMBO-PG | 7/15/05 | 330 | | | | 330 | 5 | HY 200DB | 330 | 0 |
| | | | <u>66,540</u> | | | | <u>60,622</u> | | | <u>66,540</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | | |
| 15 | DONATION TRACKER SOFTWARE | 7/17/00 | 4,750 | | | | 4,750 | 3 | MOAmort | 4,750 | 0 |
| 35 | OFFICE CONDOMINIUM | 7/29/02 | 142,474 | | | | 142,474 | 40 | MO S/L | 63,687 | 3,562 |
| 36 | LAND | 7/29/02 | 25,000 | | | | 25,000 | 0 | -- Land | 0 | 0 |
| 37 | WEB SITE DEVELOPMENT | 1/01/02 | 15,000 | | | X | 10,500 | 3 | MOAmort | 15,000 | 0 |
| 48 | TECHNOLOGY UPGRADE | 8/16/16 | 20,317 | | | | 20,317 | 5 | MO S/L | 18,529 | 1,788 |
| | Total Other Depreciation | | <u>207,541</u> | | | | <u>203,041</u> | | | <u>101,966</u> | <u>5,350</u> |
| | Total ACRS and Other Depreciation | | <u>207,541</u> | | | | <u>203,041</u> | | | <u>101,966</u> | <u>5,350</u> |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-------|---|--------------------|----------------|-------|------------------|-------------------|--------------|----------------|--------------|
| | Grand Totals | | 279,328 | | | 268,910 | | 168,506 | 5,481 |
| | Less: Dispositions and Transfers | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>279,328</u> | | | <u>268,910</u> | | <u>168,506</u> | <u>5,481</u> |

-*8133

GA Asset Report

FYE: 12/31/2020

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | GA Prior | GA Current | Federal Current | Difference Fed - GA |
|---------------------------------------|--|-----------------|---------|----------------|----------|------------|-----------------|---------------------|
| 5-year GDS Property: | | | | | | | | |
| 49 | LAPTOP - KKELLER | 12/20/20 | 847 | 847 | 0 | 42 | 42 | 0 |
| | | | 847 | 847 | 0 | 42 | 42 | 0 |
| Non-Residential Real Property: | | | | | | | | |
| 50 | 2.5 TON HEAT PUMP SYSTEM | 3/03/20 | 4,400 | 4,400 | 0 | 89 | 89 | 0 |
| | | | 4,400 | 4,400 | 0 | 89 | 89 | 0 |
| Prior MACRS: | | | | | | | | |
| 1 | FURNITURE & FIXTURES | 1/01/88 | 12,943 | 12,943 | 12,943 | 0 | 0 | 0 |
| 2 | FURNITURE & FIXTURES | 1/01/88 | 12,478 | 12,478 | 12,478 | 0 | 0 | 0 |
| 3 | FURNITURE & FIXTURES | 1/01/91 | 1,517 | 1,517 | 1,517 | 0 | 0 | 0 |
| 4 | FURNITURE & FIXTURES | 1/01/92 | 2,500 | 2,500 | 2,500 | 0 | 0 | 0 |
| 5 | COMPUTER & SOFTWARE | 5/01/96 | 2,429 | 2,429 | 2,429 | 0 | 0 | 0 |
| 6 | VCR | 5/01/96 | 500 | 500 | 500 | 0 | 0 | 0 |
| 7 | LASER PRINTER | 8/30/96 | 1,467 | 1,467 | 1,467 | 0 | 0 | 0 |
| 8 | MITA COPIER | 9/26/96 | 4,194 | 4,194 | 4,194 | 0 | 0 | 0 |
| 9 | COMPUTER | 10/22/96 | 300 | 300 | 300 | 0 | 0 | 0 |
| 10 | COMPUTER UPGRADE | 7/03/97 | 289 | 289 | 289 | 0 | 0 | 0 |
| 11 | TELEPHONES | 9/18/97 | 1,002 | 1,002 | 1,002 | 0 | 0 | 0 |
| 12 | COMPUTER SYSTEM | 9/18/97 | 6,527 | 6,527 | 6,527 | 0 | 0 | 0 |
| 13 | HP PRINTER | 6/26/98 | 770 | 770 | 770 | 0 | 0 | 0 |
| 14 | COMPUTER | 6/09/00 | 868 | 868 | 868 | 0 | 0 | 0 |
| 16 | COMPUTER-SUCCESS BY 6 | 4/03/00 | 891 | 891 | 891 | 0 | 0 | 0 |
| 17 | HP PRINTER #7960 | 8/21/01 | 1,570 | 1,570 | 1,570 | 0 | 0 | 0 |
| 18 | COMPUTER MONITOR | 8/21/01 | 160 | 160 | 160 | 0 | 0 | 0 |
| 19 | COMPUTER MONITOR | 8/21/01 | 160 | 160 | 160 | 0 | 0 | 0 |
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | 909 | 909 | 0 | 0 | 0 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | 399 | 399 | 0 | 0 | 0 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | 390 | 390 | 0 | 0 | 0 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | 266 | 266 | 0 | 0 | 0 |
| 24 | BOOKCASE | 8/12/02 | 96 | 96 | 96 | 0 | 0 | 0 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | 75 | 75 | 0 | 0 | 0 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | 222 | 222 | 0 | 0 | 0 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | 241 | 241 | 0 | 0 | 0 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | 64 | 64 | 0 | 0 | 0 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | 139 | 139 | 0 | 0 | 0 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | 139 | 139 | 0 | 0 | 0 |
| 31 | WALL PICTURES | 8/22/02 | 64 | 64 | 64 | 0 | 0 | 0 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | 54 | 54 | 0 | 0 | 0 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | 107 | 107 | 0 | 0 | 0 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | 268 | 268 | 0 | 0 | 0 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | 500 | 500 | 0 | 0 | 0 |
| 39 | LATERAL FILE | 4/25/03 | 100 | 100 | 100 | 0 | 0 | 0 |
| 40 | BOOKCASE | 4/25/03 | 75 | 75 | 75 | 0 | 0 | 0 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | 200 | 200 | 0 | 0 | 0 |
| 42 | DESK | 4/25/03 | 350 | 350 | 350 | 0 | 0 | 0 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | 9,037 | 9,037 | 0 | 0 | 0 |
| 44 | OFFICE FURN-PLAN GIVING | 7/14/05 | 192 | 192 | 192 | 0 | 0 | 0 |
| 45 | HP LAPTOP COMP/PRIN-PG | 7/15/05 | 1,758 | 1,758 | 1,758 | 0 | 0 | 0 |
| 46 | VERIZON PDA/PH COMBO-PG | 7/15/05 | 330 | 330 | 330 | 0 | 0 | 0 |
| | | | 66,540 | 66,540 | 66,540 | 0 | 0 | 0 |
| Other Depreciation: | | | | | | | | |
| 15 | DONATION TRACKER SOFTWARE | 7/17/00 | 4,750 | 4,750 | 4,750 | 0 | 0 | 0 |
| 35 | OFFICE CONDOMINIUM | 7/29/02 | 142,474 | 142,474 | 62,036 | 3,561 | 3,562 | 1 |
| 36 | LAND | 7/29/02 | 25,000 | 25,000 | 0 | 0 | 0 | 0 |
| 37 | WEB SITE DEVELOPMENT | 1/01/02 | 15,000 | 15,000 | 15,000 | 0 | 0 | 0 |
| 48 | TECHNOLOGY UPGRADE | 8/16/16 | 20,317 | 20,317 | 13,545 | 4,063 | 1,788 | -2,275 |
| | Total Other Depreciation | | 207,541 | 207,541 | 95,331 | 7,624 | 5,350 | -2,274 |
| | Total ACRS and Other Depreciation | | 207,541 | 207,541 | 95,331 | 7,624 | 5,350 | -2,274 |

-*8133

GA Asset Report

FYE: 12/31/2020

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | GA Prior | GA Current | Federal Current | Difference Fed - GA |
|-------|-----------------------------------|--------------------|----------------|-------------------|----------------|---------------|--------------------|------------------------|
| | Grand Totals | | 279,328 | 279,328 | 161,871 | 7,755 | 5,481 | -2,274 |
| | Less: Dispositions | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Net Grand Totals | | <u>279,328</u> | <u>279,328</u> | <u>161,871</u> | <u>7,755</u> | <u>5,481</u> | <u>-2,274</u> |

-*8133

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|---------------------------------------|--|--------------------|----------------|----------|-------------|-------|-------------------|---------|----------|---------------|--------------|
| 5-year GDS Property: | | | | | | | | | | | |
| 49 | LAPTOP - KKELLER | 12/20/20 | 847 | | | | 847 | 5 | MQ200DB | 0 | 42 |
| | | | <u>847</u> | | | | <u>847</u> | | | <u>0</u> | <u>42</u> |
| Non-Residential Real Property: | | | | | | | | | | | |
| 50 | 2.5 TON HEAT PUMP SYSTEM | 3/03/20 | 4,400 | | | | 4,400 | 39 | MMS/L | 0 | 89 |
| | | | <u>4,400</u> | | | | <u>4,400</u> | | | <u>0</u> | <u>89</u> |
| Prior MACRS: | | | | | | | | | | | |
| 1 | FURNITURE & FIXTURES | 1/01/88 | 12,943 | | | | 12,943 | 9 | HY 150DB | 12,943 | 0 |
| 2 | FURNITURE & FIXTURES | 1/01/88 | 12,478 | | | | 12,478 | 9 | HY 150DB | 12,478 | 0 |
| 3 | FURNITURE & FIXTURES | 1/01/91 | 1,517 | | | | 1,517 | 9 | HY 150DB | 1,517 | 0 |
| 4 | FURNITURE & FIXTURES | 1/01/92 | 2,500 | | | | 2,500 | 9 | HY 150DB | 2,500 | 0 |
| 5 | COMPUTER & SOFTWARE | 5/01/96 | 2,429 | | | | 2,429 | 5 | HY 150DB | 2,429 | 0 |
| 6 | VCR | 5/01/96 | 500 | | | | 500 | 5 | HY 150DB | 500 | 0 |
| 7 | LASER PRINTER | 8/30/96 | 1,467 | | | | 1,467 | 5 | HY 150DB | 1,467 | 0 |
| 8 | MITA COPIER | 9/26/96 | 4,194 | | | | 4,194 | 6 | HY 150DB | 4,194 | 0 |
| 9 | COMPUTER | 10/22/96 | 300 | | | | 300 | 5 | HY 150DB | 300 | 0 |
| 10 | COMPUTER UPGRADE | 7/03/97 | 289 | | | | 289 | 5 | HY 150DB | 289 | 0 |
| 11 | TELEPHONES | 9/18/97 | 1,002 | | | | 1,002 | 10 | HY 150DB | 1,002 | 0 |
| 12 | COMPUTER SYSTEM | 9/18/97 | 6,527 | | | | 6,527 | 5 | HY 150DB | 6,527 | 0 |
| 13 | HP PRINTER | 6/26/98 | 770 | | | | 770 | 5 | HY 150DB | 770 | 0 |
| 14 | COMPUTER | 6/09/00 | 868 | | | | 868 | 5 | HY 150DB | 868 | 0 |
| 16 | COMPUTER-SUCCESS BY 6 | 4/03/00 | 891 | | | | 891 | 5 | HY 150DB | 891 | 0 |
| 17 | HP PRINTER #7960 | 8/21/01 | 1,570 | | | | 1,570 | 5 | HY 150DB | 1,570 | 0 |
| 18 | COMPUTER MONITOR | 8/21/01 | 160 | | | | 160 | 5 | HY 150DB | 160 | 0 |
| 19 | COMPUTER MONITOR | 8/21/01 | 160 | | | | 160 | 5 | HY 150DB | 160 | 0 |
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | | | X | 636 | 5 | HY 200DB | 909 | 0 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | | | X | 279 | 7 | HY 200DB | 399 | 0 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | | | X | 273 | 7 | HY 200DB | 390 | 0 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | | | X | 186 | 7 | HY 200DB | 266 | 0 |
| 24 | BOOKCASE | 8/12/02 | 96 | | | X | 67 | 7 | HY 200DB | 96 | 0 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | | | X | 52 | 7 | HY 200DB | 75 | 0 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | | | X | 155 | 7 | HY 200DB | 222 | 0 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | | | X | 169 | 7 | HY 200DB | 241 | 0 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | | | X | 45 | 5 | HY 200DB | 64 | 0 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | | | X | 97 | 5 | HY 200DB | 139 | 0 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | | | X | 97 | 5 | HY 200DB | 139 | 0 |
| 31 | WALL PICTURES | 8/22/02 | 64 | | | X | 45 | 5 | HY 200DB | 64 | 0 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | | | X | 38 | 5 | HY 200DB | 54 | 0 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | | | X | 75 | 5 | HY 200DB | 107 | 0 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | | | X | 188 | 5 | HY 200DB | 268 | 0 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | | | X | 350 | 5 | HY 200DB | 500 | 0 |
| 39 | LATERAL FILE | 4/25/03 | 100 | | | X | 70 | 5 | HY 200DB | 100 | 0 |
| 40 | BOOKCASE | 4/25/03 | 75 | | | X | 52 | 5 | HY 200DB | 75 | 0 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | | | X | 140 | 5 | HY 200DB | 200 | 0 |
| 42 | DESK | 4/25/03 | 350 | | | X | 245 | 5 | HY 200DB | 350 | 0 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | | | X | 4,518 | 7 | HY 200DB | 9,037 | 0 |
| 44 | OFFICE FURN-PLAN GIVING | 7/14/05 | 192 | | | | 192 | 5 | HY 150DB | 192 | 0 |
| 45 | HP LAPTOP COMP/PRIN-PG | 7/15/05 | 1,758 | | | | 1,758 | 5 | HY 150DB | 1,758 | 0 |
| 46 | VERIZON PDA/PH COMBO-PG | 7/15/05 | 330 | | | | 330 | 5 | HY 150DB | 330 | 0 |
| | | | <u>66,540</u> | | | | <u>60,622</u> | | | <u>66,540</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | | |
| 35 | OFFICE CONDOMINIUM | 7/29/02 | 142,474 | | | | 142,474 | 40 | MO S/L | 63,687 | 3,562 |
| 36 | LAND | 7/29/02 | 0 | | | | 0 | 0 | HY | 0 | 0 |
| 48 | TECHNOLOGY UPGRADE | 8/16/16 | 20,317 | | | | 20,317 | 5 | MO S/L | 18,529 | 1,788 |
| | Total Other Depreciation | | <u>162,791</u> | | | | <u>162,791</u> | | | <u>82,216</u> | <u>5,350</u> |
| | Total ACRS and Other Depreciation | | <u>162,791</u> | | | | <u>162,791</u> | | | <u>82,216</u> | <u>5,350</u> |

AMT Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-------|---|--------------------|----------------|----------|------------------|-------------------|--------------|----------------|--------------|
| | Grand Totals | | 234,578 | | | 228,660 | | 148,756 | 5,481 |
| | Less: Dispositions and Transfers | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>234,578</u> | | | <u>228,660</u> | | <u>148,756</u> | <u>5,481</u> |

-*8133

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|--------------------|-----------------------------|-----------------|---------------|---------|-----------------|---------------|---------------|----------------------|
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | | 0 | 0 | 273 | 636 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | | 0 | 0 | 120 | 279 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | | 0 | 0 | 117 | 273 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | | 0 | 0 | 80 | 186 |
| 24 | BOOKCASE | 8/12/02 | 96 | | 0 | 0 | 29 | 67 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | | 0 | 0 | 23 | 52 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | | 0 | 0 | 67 | 155 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | | 0 | 0 | 72 | 169 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | | 0 | 0 | 19 | 45 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | | 0 | 0 | 42 | 97 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | | 0 | 0 | 42 | 97 |
| 31 | WALL PICTURES | 8/22/02 | 64 | | 0 | 0 | 19 | 45 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | | 0 | 0 | 16 | 38 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | | 0 | 0 | 32 | 75 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | | 0 | 0 | 80 | 188 |
| 37 | WEB SITE DEVELOPMENT | 1/01/02 | 15,000 | | 0 | 0 | 4,500 | 10,500 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | | 0 | 0 | 150 | 350 |
| 39 | LATERAL FILE | 4/25/03 | 100 | | 0 | 0 | 30 | 70 |
| 40 | BOOKCASE | 4/25/03 | 75 | | 0 | 0 | 23 | 52 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | | 0 | 0 | 60 | 140 |
| 42 | DESK | 4/25/03 | 350 | | 0 | 0 | 105 | 245 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | | 0 | 0 | 4,519 | 4,518 |
| Grand Total | | | <u>28,695</u> | | <u>0</u> | <u>0</u> | <u>10,418</u> | <u>18,277</u> |

_*8133

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---------------------------|------|-------|-----------------------------|------------|------------|---------------------------------|
| MACRS Adjustments: | | | | | | |
| Page 1 | 1 | 1 | FURNITURE & FIXTURES | 0 | 0 | 0 |
| Page 1 | 1 | 2 | FURNITURE & FIXTURES | 0 | 0 | 0 |
| Page 1 | 1 | 3 | FURNITURE & FIXTURES | 0 | 0 | 0 |
| Page 1 | 1 | 4 | FURNITURE & FIXTURES | 0 | 0 | 0 |
| Page 1 | 1 | 5 | COMPUTER & SOFTWARE | 0 | 0 | 0 |
| Page 1 | 1 | 6 | VCR | 0 | 0 | 0 |
| Page 1 | 1 | 7 | LASER PRINTER | 0 | 0 | 0 |
| Page 1 | 1 | 8 | MITA COPIER | 0 | 0 | 0 |
| Page 1 | 1 | 9 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 10 | COMPUTER UPGRADE | 0 | 0 | 0 |
| Page 1 | 1 | 11 | TELEPHONES | 0 | 0 | 0 |
| Page 1 | 1 | 12 | COMPUTER SYSTEM | 0 | 0 | 0 |
| Page 1 | 1 | 13 | HP PRINTER | 0 | 0 | 0 |
| Page 1 | 1 | 14 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 16 | COMPUTER-SUCCESS BY 6 | 0 | 0 | 0 |
| Page 1 | 1 | 17 | HP PRINTER #7960 | 0 | 0 | 0 |
| Page 1 | 1 | 18 | COMPUTER MONITOR | 0 | 0 | 0 |
| Page 1 | 1 | 19 | COMPUTER MONITOR | 0 | 0 | 0 |
| Page 1 | 1 | 20 | HP COMPUTER #7940 | 0 | 0 | 0 |
| Page 1 | 1 | 21 | SAUDER 2738 COMP DESK W/H | 0 | 0 | 0 |
| Page 1 | 1 | 22 | SAUDER 2744 DESK | 0 | 0 | 0 |
| Page 1 | 1 | 23 | CHAIR 3217 | 0 | 0 | 0 |
| Page 1 | 1 | 24 | BOOKCASE | 0 | 0 | 0 |
| Page 1 | 1 | 25 | 5 DR LTR FILING CABINET | 0 | 0 | 0 |
| Page 1 | 1 | 26 | 4 SHELVES FOR STORAGE | 0 | 0 | 0 |
| Page 1 | 1 | 27 | 5 DR SANIBEL CABINET | 0 | 0 | 0 |
| Page 1 | 1 | 28 | PRINTER TABLE | 0 | 0 | 0 |
| Page 1 | 1 | 29 | NAVY BANKER CHAIR | 0 | 0 | 0 |
| Page 1 | 1 | 30 | NAVY BANKER CHAIR | 0 | 0 | 0 |
| Page 1 | 1 | 31 | WALL PICTURES | 0 | 0 | 0 |
| Page 1 | 1 | 32 | DRAWER, CNETER CRNS | 0 | 0 | 0 |
| Page 1 | 1 | 33 | SAUDER RETURN DESK | 0 | 0 | 0 |
| Page 1 | 1 | 34 | DESK, CORNERSTONE DESK | 0 | 0 | 0 |
| Page 1 | 1 | 38 | CONFERENCE TABLE | 0 | 0 | 0 |
| Page 1 | 1 | 39 | LATERAL FILE | 0 | 0 | 0 |
| Page 1 | 1 | 40 | BOOKCASE | 0 | 0 | 0 |
| Page 1 | 1 | 41 | CREDENZA & TOP | 0 | 0 | 0 |
| Page 1 | 1 | 42 | DESK | 0 | 0 | 0 |
| Page 1 | 1 | 43 | PHONE SYS (COMM CONNECTION) | 0 | 0 | 0 |
| Page 1 | 1 | 44 | OFFICE FURN-PLAN GIVING | 0 | 0 | 0 |
| Page 1 | 1 | 45 | HP LAPTOP COMP/PRIN-PG | 0 | 0 | 0 |
| Page 1 | 1 | 46 | VERIZON PDA/PH COMBO-PG | 0 | 0 | 0 |
| Page 1 | 1 | 49 | LAPTOP - KKELLER | 42 | 42 | 0 |
| Page 1 | 1 | 50 | 2.5 TON HEAT PUMP SYSTEM | 89 | 89 | 0 |
| | | | | <u>131</u> | <u>131</u> | <u>0</u> |

-*8133

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---------------------|-----------------------------|-----------------|---------------|------------|------------|
| Prior MACRS: | | | | | |
| 1 | FURNITURE & FIXTURES | 1/01/88 | 12,943 | 0 | 0 |
| 2 | FURNITURE & FIXTURES | 1/01/88 | 12,478 | 0 | 0 |
| 3 | FURNITURE & FIXTURES | 1/01/91 | 1,517 | 0 | 0 |
| 4 | FURNITURE & FIXTURES | 1/01/92 | 2,500 | 0 | 0 |
| 5 | COMPUTER & SOFTWARE | 5/01/96 | 2,429 | 0 | 0 |
| 6 | VCR | 5/01/96 | 500 | 0 | 0 |
| 7 | LASER PRINTER | 8/30/96 | 1,467 | 0 | 0 |
| 8 | MITA COPIER | 9/26/96 | 4,194 | 0 | 0 |
| 9 | COMPUTER | 10/22/96 | 300 | 0 | 0 |
| 10 | COMPUTER UPGRADE | 7/03/97 | 289 | 0 | 0 |
| 11 | TELEPHONES | 9/18/97 | 1,002 | 0 | 0 |
| 12 | COMPUTER SYSTEM | 9/18/97 | 6,527 | 0 | 0 |
| 13 | HP PRINTER | 6/26/98 | 770 | 0 | 0 |
| 14 | COMPUTER | 6/09/00 | 868 | 0 | 0 |
| 16 | COMPUTER-SUCCESS BY 6 | 4/03/00 | 891 | 0 | 0 |
| 17 | HP PRINTER #7960 | 8/21/01 | 1,570 | 0 | 0 |
| 18 | COMPUTER MONITOR | 8/21/01 | 160 | 0 | 0 |
| 19 | COMPUTER MONITOR | 8/21/01 | 160 | 0 | 0 |
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | 0 | 0 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | 0 | 0 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | 0 | 0 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | 0 | 0 |
| 24 | BOOKCASE | 8/12/02 | 96 | 0 | 0 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | 0 | 0 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | 0 | 0 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | 0 | 0 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | 0 | 0 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | 0 | 0 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | 0 | 0 |
| 31 | WALL PICTURES | 8/22/02 | 64 | 0 | 0 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | 0 | 0 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | 0 | 0 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | 0 | 0 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | 0 | 0 |
| 39 | LATERAL FILE | 4/25/03 | 100 | 0 | 0 |
| 40 | BOOKCASE | 4/25/03 | 75 | 0 | 0 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | 0 | 0 |
| 42 | DESK | 4/25/03 | 350 | 0 | 0 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | 0 | 0 |
| 44 | OFFICE FURN-PLAN GIVING | 7/14/05 | 192 | 0 | 0 |
| 45 | HP LAPTOP COMP/PRIN-PG | 7/15/05 | 1,758 | 0 | 0 |
| 46 | VERIZON PDA/PH COMBO-PG | 7/15/05 | 330 | 0 | 0 |
| 49 | LAPTOP - KKELLER | 12/20/20 | 847 | 322 | 322 |
| 50 | 2.5 TON HEAT PUMP SYSTEM | 3/03/20 | 4,400 | 113 | 113 |
| | | | <u>71,787</u> | <u>435</u> | <u>435</u> |

Other Depreciation:

| | | | | | |
|----|--|---------|----------------|--------------|--------------|
| 15 | DONATION TRACKER SOFTWARE | 7/17/00 | 4,750 | 0 | 0 |
| 35 | OFFICE CONDOMINIUM | 7/29/02 | 142,474 | 3,562 | 3,562 |
| 36 | LAND | 7/29/02 | 25,000 | 0 | 0 |
| 37 | WEB SITE DEVELOPMENT | 1/01/02 | 15,000 | 0 | 0 |
| 48 | TECHNOLOGY UPGRADE | 8/16/16 | 20,317 | 0 | 0 |
| | Total Other Depreciation | | <u>207,541</u> | <u>3,562</u> | <u>3,562</u> |
| | Total ACRS and Other Depreciation | | <u>207,541</u> | <u>3,562</u> | <u>3,562</u> |
| | Grand Totals | | <u>279,328</u> | <u>3,997</u> | <u>3,997</u> |

| Asset | Description | Date In Service | Cost | GA |
|---------------------|-----------------------------|-----------------|---------------|------------|
| Prior MACRS: | | | | |
| 1 | FURNITURE & FIXTURES | 1/01/88 | 12,943 | 0 |
| 2 | FURNITURE & FIXTURES | 1/01/88 | 12,478 | 0 |
| 3 | FURNITURE & FIXTURES | 1/01/91 | 1,517 | 0 |
| 4 | FURNITURE & FIXTURES | 1/01/92 | 2,500 | 0 |
| 5 | COMPUTER & SOFTWARE | 5/01/96 | 2,429 | 0 |
| 6 | VCR | 5/01/96 | 500 | 0 |
| 7 | LASER PRINTER | 8/30/96 | 1,467 | 0 |
| 8 | MITA COPIER | 9/26/96 | 4,194 | 0 |
| 9 | COMPUTER | 10/22/96 | 300 | 0 |
| 10 | COMPUTER UPGRADE | 7/03/97 | 289 | 0 |
| 11 | TELEPHONES | 9/18/97 | 1,002 | 0 |
| 12 | COMPUTER SYSTEM | 9/18/97 | 6,527 | 0 |
| 13 | HP PRINTER | 6/26/98 | 770 | 0 |
| 14 | COMPUTER | 6/09/00 | 868 | 0 |
| 16 | COMPUTER-SUCCESS BY 6 | 4/03/00 | 891 | 0 |
| 17 | HP PRINTER #7960 | 8/21/01 | 1,570 | 0 |
| 18 | COMPUTER MONITOR | 8/21/01 | 160 | 0 |
| 19 | COMPUTER MONITOR | 8/21/01 | 160 | 0 |
| 20 | HP COMPUTER #7940 | 9/19/01 | 909 | 0 |
| 21 | SAUDER 2738 COMP DESK W/H | 8/12/02 | 399 | 0 |
| 22 | SAUDER 2744 DESK | 8/12/02 | 390 | 0 |
| 23 | CHAIR 3217 | 8/12/02 | 266 | 0 |
| 24 | BOOKCASE | 8/12/02 | 96 | 0 |
| 25 | 5 DR LTR FILING CABINET | 8/12/02 | 75 | 0 |
| 26 | 4 SHELVES FOR STORAGE | 8/12/02 | 222 | 0 |
| 27 | 5 DR SANIBEL CABINET | 9/16/02 | 241 | 0 |
| 28 | PRINTER TABLE | 9/16/02 | 64 | 0 |
| 29 | NAVY BANKER CHAIR | 8/22/02 | 139 | 0 |
| 30 | NAVY BANKER CHAIR | 8/22/02 | 139 | 0 |
| 31 | WALL PICTURES | 8/22/02 | 64 | 0 |
| 32 | DRAWER, CNETER CRNS | 8/12/02 | 54 | 0 |
| 33 | SAUDER RETURN DESK | 8/12/02 | 107 | 0 |
| 34 | DESK, CORNERSTONE DESK | 8/12/02 | 268 | 0 |
| 38 | CONFERENCE TABLE | 4/25/03 | 500 | 0 |
| 39 | LATERAL FILE | 4/25/03 | 100 | 0 |
| 40 | BOOKCASE | 4/25/03 | 75 | 0 |
| 41 | CREDENZA & TOP | 4/25/03 | 200 | 0 |
| 42 | DESK | 4/25/03 | 350 | 0 |
| 43 | PHONE SYS (COMM CONNECTION) | 9/22/04 | 9,037 | 0 |
| 44 | OFFICE FURN-PLAN GIVING | 7/14/05 | 192 | 0 |
| 45 | HP LAPTOP COMP/PRIN-PG | 7/15/05 | 1,758 | 0 |
| 46 | VERIZON PDA/PH COMBO-PG | 7/15/05 | 330 | 0 |
| 49 | LAPTOP - KKELLER | 12/20/20 | 847 | 322 |
| 50 | 2.5 TON HEAT PUMP SYSTEM | 3/03/20 | 4,400 | 113 |
| | | | <u>71,787</u> | <u>435</u> |

Other Depreciation:

| | | | | |
|----|--|---------|----------------|--------------|
| 15 | DONATION TRACKER SOFTWARE | 7/17/00 | 4,750 | 0 |
| 35 | OFFICE CONDOMINIUM | 7/29/02 | 142,474 | 3,562 |
| 36 | LAND | 7/29/02 | 25,000 | 0 |
| 37 | WEB SITE DEVELOPMENT | 1/01/02 | 15,000 | 0 |
| 48 | TECHNOLOGY UPGRADE | 8/16/16 | 20,317 | 2,709 |
| | Total Other Depreciation | | <u>207,541</u> | <u>6,271</u> |
| | Total ACRS and Other Depreciation | | <u>207,541</u> | <u>6,271</u> |
| | Grand Totals | | <u>279,328</u> | <u>6,706</u> |

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: TODD HENRY

ADDRESS 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS , GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE BOARD CHAIR

OFFICER TYPE INDIVIDUAL

COMPENSATION

| | |
|-------------------------------|-------|
| BASE: | _____ |
| BONUS/INCENTIVE: | _____ |
| OTHER: | _____ |
| RETIREMENT/DEFERRED BENEFITS: | _____ |
| OTHER COMP/NONTAXABLE: | _____ |

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

| | |
|----------------------|-------|
| NONTAXABLE BENEFITS: | _____ |
| PRIOR YEAR: | _____ |

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:
EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

GENERAL INFORMATION

NAME: JASON SMITH
 ADDRESS: 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE BOARD CHAIR ELECT
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: PAUL CHAMBERS
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE CAMPAIGN CHAIR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: RYAN HAMMOCK

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS , GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: TREASURER

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KEVIN CLARK
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE MARKETING CHAIR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SCOTT LOWRY

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE LEGAL CHAIR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: DEVIN WOOD

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: COMM IMPACT CHAIR

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS: _____

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS: _____

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: MONTEZ CARTER

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE EXEC COMM MEMBER

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: EVAN ELDER

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE AT LARGE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: BRODERICK FLANIGAN

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

AT LARGE

OFFICER TYPE

INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

EXPENSE ACCOUNT AND

BONUS/INCENTIVE: _____

OTHER ALLOWANCES:

OTHER: _____

EXPENSE ACCOUNT FOR

RETIREMENT/DEFERRED BENEFITS: _____

UNRELATED BUSINESS:

OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

SEVERANCE:

PRIOR YEAR: _____

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____

NET INVESTMENT: _____

FIRST: _____

MANAGEMENT & GENERAL: _____

ADJUSTED NET: _____

SECOND: _____

FUNDRAISING: _____

CHARITABLE PURPOSE: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: CAROL GITTENS
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ROBERT GRIFFITH

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: AT LARGE

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: MIKE HACKETT

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE AT LARGE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: LAWRENCE HARRIS
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ALICIN HENDRICKS
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: DR. TONY MALLON

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE AT LARGE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

GENERAL INFORMATION

NAME: DR. ANGELA MOTON
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: JEAN MULLIS

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE AT LARGE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION**RELATED****OTHER**

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION**RELATED**

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: BETH PATRICK

ADDRESS: 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE AT LARGE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION**RELATED****OTHER**

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION**RELATED**

SEVERANCE: _____

NONQUALIFIED PLAN:
EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: TONYA POWERS
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JAMES WHITLOW RICHARDSON

ADDRESS: 1 HUNTINGTON ROAD
 STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: AT LARGE

OFFICER TYPE: INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

EXPENSE ACCOUNT AND

BONUS/INCENTIVE: _____

OTHER ALLOWANCES:

OTHER: _____

EXPENSE ACCOUNT FOR

RETIREMENT/DEFERRED BENEFITS: _____

UNRELATED BUSINESS:

OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

SEVERANCE:

PRIOR YEAR: _____

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____

NET INVESTMENT: _____

FIRST: _____

MANAGEMENT & GENERAL: _____

ADJUSTED NET: _____

SECOND: _____

FUNDRAISING: _____

CHARITABLE PURPOSE: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: DR. LISA VAUGHN
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE AT LARGE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KAY C. KELLER

ADDRESS 1 HUNTINGTON ROAD, SUITE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00

RELATED:

CONTACT

PRINCIPAL? YES

SIGNATURE? YES

USE ORG ADDR? YES

OTHER INFORMATION

POSITION OFFICER

BOOKS IN CARE? YES

FORMER? NO

TITLE PRESIDENT AND CEO

OFFICER TYPE INDIVIDUAL

COMPENSATION

| | | |
|-------------------------------|---------------------|----------------|
| | ORGANIZATION | RELATED |
| BASE: | <u>97,521</u> | _____ |
| BONUS/INCENTIVE: | _____ | _____ |
| OTHER: | _____ | _____ |
| RETIREMENT/DEFERRED BENEFITS: | _____ | _____ |
| OTHER COMP/NONTAXABLE: | _____ | _____ |

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

| | | |
|----------------------|---------------------|----------------|
| | ORGANIZATION | RELATED |
| NONTAXABLE BENEFITS: | _____ | _____ |
| PRIOR YEAR: | _____ | _____ |

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: 32,507

MANAGEMENT & GENERAL: 32,507

FUNDRAISING: 32,507

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 32,507

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ELIZABETH M. EARL

ADDRESS 1 HUNTINGTON ROAD
STE 805

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

KEY EMPLOYEE

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIR OF DEVELOPMENT

OFFICER TYPE

INDIVIDUAL

COMPENSATION

BASE: 60,000

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION**RELATED****OTHER**

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION**RELATED**

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: 60,000

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

GENERAL INFORMATION

NAME: JONATHAN M. MADISON
 ADDRESS: 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION KEY EMPLOYEE
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIR OF COMMUNITY IMP
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 47,000
 BONUS/INCENTIVE:
 OTHER:
 RETIREMENT/DEFERRED BENEFITS:
 OTHER COMP/NONTAXABLE:

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:
 PRIOR YEAR:

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: 47,000
 MANAGEMENT & GENERAL:
 FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:
 ADJUSTED NET:
 CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 47,000
 SECOND:
 THIRD:
 OTHER:

GENERAL INFORMATION

NAME: ALISON GEIST
 ADDRESS 1 HUNTINGTON ROAD
 STE 805
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION KEY EMPLOYEE
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIR OF MARKETING
 OFFICER TYPE INDIVIDUAL

COMPENSATION

| | | |
|-------------------------------|---------------------|----------------|
| | ORGANIZATION | RELATED |
| BASE: | <u>50,000</u> | _____ |
| BONUS/INCENTIVE: | _____ | _____ |
| OTHER: | _____ | _____ |
| RETIREMENT/DEFERRED BENEFITS: | _____ | _____ |
| OTHER COMP/NONTAXABLE: | _____ | _____ |

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

| | | |
|----------------------|---------------------|----------------|
| | ORGANIZATION | RELATED |
| NONTAXABLE BENEFITS: | _____ | _____ |
| PRIOR YEAR: | _____ | _____ |

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: 37,500
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: 12,500

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 37,500
 SECOND: _____
 THIRD: _____
 OTHER: _____

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: PUBLIX SUPER MARKETS, INC. E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 2600 DELK ROAD NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: MARIETTA, GA 30067
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 357,566
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 505,262
 2ND PRECEDING YEAR: 505,262
 1ST PRECEDING YEAR: 482,883
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: CATERPILLAR-ATHENS

E-FILING TYPE:

BUSINESS

ADDRESS 250 DOZER DRIVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 86,177

FUNDRAISING PORTION:

TYPE: PAYROLL

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

DISREGARD ON SCH B?

NO

PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

110,000

2ND PRECEDING YEAR:

110,000

1ST PRECEDING YEAR:

81,515

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

CURRENT YEAR:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

-*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: HARRISON POULTRY, INC. E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 107 E. STAR STREET NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: WINDER, GA 30680
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 81,408
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 E-FILING TYPE: INDIVIDUAL
 ADDRESS 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 101,356
 2ND PRECEDING YEAR: 100,044
 1ST PRECEDING YEAR: 65,393
 CURRENT YEAR:
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: QUIKTRIP DISTRIBUTION

E-FILING TYPE:

BUSINESS

ADDRESS 41 JACKSON CONCOURSE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: PENDERGRASS, GA 30567

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 53,552

FUNDRAISING PORTION:

TYPE: PAYROLL

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

DISREGARD ON SCH B?

NO

PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

| | | | |
|--|--------------------|-------------------|----------|
| NAME: | JOHNSON & JOHNSON | E-FILING TYPE: | BUSINESS |
| | | DO NOT DISCLOSE | |
| ADDRESS | 1440 OLYMPIC DRIVE | NAME AND ADDRESS? | NO |
| CITY, STATE ZIP CODE: ATHENS, GA 30601 | | | |
| FOREIGN COUNTRY: | | | |
| FOREIGN STATE OR PROVINCE: | | | |

CONTRIBUTIONS

CASH CONTRIBUTION: 42,028
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

| | | |
|---------------------|------|-------|
| | TYPE | OTHER |
| DONOR ADVISED FUND: | | |
| GOVERNMENT ENTITY? | | NO |
| INCLUDE ON SCH B? | | YES |

| | | |
|------------------------|---------------------|----|
| CHARITABLE CONTRIB? NO | DISREGARD ON SCH B? | NO |
| PURPOSE OF GIFT: | | |

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

| | |
|------------------------------|--------|
| EXCLUDE FROM 2% LIMITATION?: | NO |
| DISQUALIFIED PERSON?: | NO |
| 4TH PRECEDING YEAR: | |
| 3RD PRECEDING YEAR: | 67,454 |
| 2ND PRECEDING YEAR: | 68,784 |
| 1ST PRECEDING YEAR: | 51,213 |
| CURRENT YEAR: | |

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: GOLDEN PANTRY FOOD STORES E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 1150 GOLDEN WAY NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: WATKINSVILLE, GA 30677
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 48,032
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 34,174
 2ND PRECEDING YEAR: 34,174
 1ST PRECEDING YEAR: 48,437
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ABB MOTORS AND MECHANICAL E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS: 195 COLLINS INDUSTRIAL BLVD NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: ATHENS, GA 30601
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 38,992
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 50,385
 2ND PRECEDING YEAR: 50,385
 1ST PRECEDING YEAR: 46,357
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: UNITED PARCEL SERVICE - ATHENS E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 215 CONWAY DRIVE NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: BOGART, GA 30622
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 30,736
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 45,295
 2ND PRECEDING YEAR: 45,295
 1ST PRECEDING YEAR: 37,014
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: CHICO'S E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 1020 BARROW INDUSTRIAL PARKWAYNAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: WINDER, GA 30680
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 31,695
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 29,867
 2ND PRECEDING YEAR: 30,552
 1ST PRECEDING YEAR: 31,084
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: UNIVERSITY OF GEORGIA E-FILING TYPE: BUSINESS
 PAYROLL OFFICE DO NOT DISCLOSE
 ADDRESS: BUSINESS SERVICES BUILDING NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: ATHENS, GA 30602
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 59,061
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 116,609
 2ND PRECEDING YEAR: 116,609
 1ST PRECEDING YEAR: 98,322
 CURRENT YEAR:

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

| | | | |
|---------|---------|-------------------|------------|
| NAME: | KROGER | E-FILING TYPE: | INDIVIDUAL |
| | | DO NOT DISCLOSE | |
| ADDRESS | VARIOUS | NAME AND ADDRESS? | NO |

CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 43,576
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

| | | |
|---------------------|------|-------|
| | TYPE | OTHER |
| DONOR ADVISED FUND: | | |
| GOVERNMENT ENTITY? | | NO |
| INCLUDE ON SCH B? | | NO |

| | | |
|------------------------|---------------------|----|
| CHARITABLE CONTRIB? NO | DISREGARD ON SCH B? | NO |
| PURPOSE OF GIFT: | | |

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

| | |
|------------------------------|--------|
| EXCLUDE FROM 2% LIMITATION?: | NO |
| DISQUALIFIED PERSON?: | NO |
| 4TH PRECEDING YEAR: | |
| 3RD PRECEDING YEAR: | 40,482 |
| 2ND PRECEDING YEAR: | 41,242 |
| 1ST PRECEDING YEAR: | 47,635 |
| CURRENT YEAR: | |

_*8133

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: PIEDMONT ATHENS REGIONAL HEALTHCARE E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 1199 PRINCE AVENUE NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: ATHENS, GA 30606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 40,240
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR: 350,914
 2ND PRECEDING YEAR: 390,914
 1ST PRECEDING YEAR: 41,539
 CURRENT YEAR:

| | |
|--|--|
| Name UNITED WAY OF NORTHEAST GEORGIA INC | Taxpayer Identification Number ** - *** 8133 |
|--|--|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | |
|---|-----|--------------|
| 1. Gross receipts or sales | 1. | |
| 2. Advertising income | 2. | |
| 3. Circulation income | 3. | |
| 4. Other income | 4. | |
| 5. Returns and allowances | 5. | |
| 6. Contributions received | 6. | 8,823 |
| 7. Total revenue. Add lines 1 through 6 | 7. | 8,823 |
| 8. Cost of Goods Sold | 8. | |
| 9. Employment Expense | 9. | |
| 10. Fees for services | 10. | |
| 11. Indirect Expense | 11. | |
| 12. Depreciation Expense | 12. | |
| 13. Exempt Activity Expense | 13. | |
| 14. Fundraising Expense | 14. | 1,078 |
| 15. Total expenses. Add lines 8 through 14 | 15. | 1,078 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | 7,745 |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|--|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | |
| Total Cost of Goods Sold | |

Expense Details - Employment Expense:

| | |
|---------------------------------|--|
| Compensation of officers | |
| Other salaries and wages | |
| Pension plan contributions | |
| Other employee benefits | |
| Payroll taxes | |
| Total Employment Expense | |

Expense Details - Fees for Services:

| | |
|--------------------------------|--|
| Management | |
| Legal | |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

| | |
|----------------------------------|--|
| Advertising and promotion | |
| Office | |
| Printing/publication/postage | |
| Info technology/Maintenance | |
| Royalties & License Fees | |
| Occupancy/Real Estate Taxes | |
| Travel & Repairs | |
| Travel/entertainment (officials) | |
| Conferences/meetings | |
| Interest | |
| Insurance | |
| Total Indirect Expense | |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|--|
| On investment property | |
| On non-investment property | |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|--|
| Repairs and Maintenance | |
| Bad debts | |
| Taxes/licenses | |
| Charitable contributions | |
| Dividend recd deductions | |
| Readership costs | |
| Other expenses | |
| Total Exempt Activity Expense | |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|--------------|
| Cash prizes | |
| Non-cash prizes | |
| Rent and facility costs | |
| Food & beverages (Part II only) | |
| Entertainment (Part II only) | |
| Other direct expenses | 1,078 |
| Total Fundraising Expense | 1,078 |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

| | | |
|--|---------------------------|---|
| Form 990 | Tax Return History | 2020 |
| Name UNITED WAY OF NORTHEAST GEORGIA INC | | Employer Identification Number ** - ***8133 |

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------------------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants | 2,402,243 | 1,969,175 | 1,541,047 | 1,684,257 | 1,553,823 | |
| Membership dues | | | | | | |
| Program service revenue | | | | | | |
| Capital gain or loss | | 2,000 | | | | |
| Investment income | 19,633 | 48,325 | -1,056 | 41,197 | 7,903 | |
| Fundraising revenue (income/loss) | | | | | -1,078 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 14,158 | 44,639 | 95,650 | 13,600 | | |
| Total revenue | 2,436,034 | 2,064,139 | 1,635,641 | 1,739,054 | 1,560,648 | |
| Grants and similar amounts paid | 1,714,800 | 1,697,500 | 1,154,800 | 863,000 | 300,000 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 269,014 | 351,884 | 312,719 | 252,292 | 254,521 | |
| Other compensation | 110,998 | 74,995 | 67,747 | 64,638 | 56,632 | |
| Professional fees | 25,420 | 53,569 | 131,903 | 98,069 | 68,755 | |
| Occupancy costs | 8,854 | | | | | |
| Depreciation and depletion | 8,410 | 10,155 | 7,554 | 7,625 | 5,481 | |
| Other expenses | 276,656 | 329,160 | 323,680 | 286,860 | 256,481 | |
| Total expenses | 2,414,152 | 2,517,263 | 1,998,403 | 1,572,484 | 941,870 | |
| Excess or (Deficit) | 21,882 | -453,124 | -362,762 | 166,570 | 618,778 | |
| Total exempt revenue | 2,436,034 | 2,064,139 | 1,635,641 | 1,739,054 | 1,560,648 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 33,791 | 94,964 | 94,594 | 54,797 | 6,825 | |
| Total Assets | 2,631,294 | 2,138,068 | 1,282,300 | 844,136 | 1,191,680 | |
| Total Liabilities | 1,784,506 | 1,744,404 | 1,251,398 | 646,664 | 336,140 | |
| Net Fund Balances | 846,788 | 393,664 | 30,902 | 197,472 | 855,540 | |

Federal Statements**Tax-Exempt Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>InState Muni (\$ or %)</u> |
|--------------------|---------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------------|
| INTEREST/DIVIDENDS | \$ 195 | | 14 | | | |
| TOTAL | \$ 195 | | | | | |

Tax-Exempt Dividends from Securities

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>InState Muni (\$ or %)</u> |
|-----------------------|---------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------------|
| INTEREST/DIVIDENDS | \$ 7,736 | | 14 | | | |
| REALIZED GAINS/LOSSES | -28 | | 26 | | | |
| TOTAL | \$ 7,708 | | | | | |

-*8133

Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 24e - All Other Expenses

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|---------------------------|-----------------------|------------------------|---------------------------------|---------------------|
| PUBLIX EMERGENCY FUND | \$ 16,695 | \$ 16,695 | \$ | \$ |
| CAMPAIGN EXPENSES | 8,794 | | | 8,794 |
| DESIGN, ADS, & WEB- 2-1-1 | 7,297 | 7,297 | | |
| COMPUTER EXPENSE | 6,642 | 3,460 | 553 | 2,629 |
| NEW TECHNOLOGY (E-CIMPACT | 6,151 | 6,151 | | |
| IMPACT STUDY | 3,438 | 3,438 | | |
| CONDO ASSOCIATION FEES | 3,420 | 3,420 | | |
| REPAIRS & MAINTENANCE | 1,947 | 1,947 | | |
| TELEPHONE | 1,899 | 989 | 158 | 752 |
| POSTAGE | 1,892 | | | 1,892 |
| UTILITIES | 1,555 | 1,555 | | |
| DAY OF CARING | 1,487 | 1,487 | | |
| ADMIN FEES - 2-1-1 | 1,145 | 1,145 | | |
| ADMIN FEES - PG | 836 | 836 | | |
| BANK CHARGES | 524 | 524 | | |
| CORPORATE REGISTRATION | 30 | 30 | | |
| TOTAL | <u>\$ 63,752</u> | <u>\$ 48,974</u> | <u>\$ 711</u> | <u>\$ 14,067</u> |

Schedule A, Part II, Line 1(e)

| <u>Description</u> | <u>Amount</u> |
|-----------------------------------|---------------------|
| PPP LOAN FORGIVENESS | \$ 61,000 |
| VARIOUS UW CAMPAIGN CONTRIBUTIONS | 1,366,996 |
| VARIOUS DPIL CONTRIBUTORS | 72,332 |
| VARIOUS 2-1-1 CONTRIBUTORS | 44,672 |
| POWER OF THE PURSE | |
| CASH CONTRIBUTION | 8,823 |
| TOTAL | <u>\$ 1,553,823</u> |

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|-------------------------------------|---------------------|---------------------|
| PUBLIX SUPER MARKETS, INC. | \$ 1,850,973 | \$ 1,664,543 |
| CATERPILLAR-ATHENS | 387,692 | 201,262 |
| HARRISON POULTRY, INC. | 348,201 | 161,771 |
| QUIKTRIP DISTRIBUTION | 53,552 | |
| JOHNSON & JOHNSON | 229,479 | 43,049 |
| GOLDEN PANTRY FOOD STORES | 164,817 | |
| ABB MOTORS AND MECHANICAL | 186,119 | |
| UNITED PARCEL SERVICE - ATHENS | 158,340 | |
| CHICO'S | 123,198 | |
| UNIVERSITY OF GEORGIA | 390,601 | 204,171 |
| KROGER | 172,935 | |
| PIEDMONT ATHENS REGIONAL HEALTHCARE | 823,607 | 637,177 |
| TOTAL | <u>\$ 4,889,514</u> | <u>\$ 2,911,973</u> |

Federal Statements**Schedule A, Part II, Line 8(e)**

| Description | Amount |
|-----------------------|-----------------|
| INTEREST/DIVIDENDS | \$ 195 |
| INTEREST/DIVIDENDS | 7,736 |
| REALIZED GAINS/LOSSES | -28 |
| TOTAL | \$ <u>7,903</u> |

Schedule A, Part II, Line 10(e)

| Description | Amount |
|--------------------|-------------|
| POWER OF THE PURSE | \$ |
| TOTAL | \$ <u>0</u> |