

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.

A For the 2023 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

D Employer identification number
58-6008133

Doing business as
1 HUNTINGTON ROAD, SUITE 805

E Telephone number
706-543-5254

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

G Gross receipts \$ **1,283,020**

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

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

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

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

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box 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)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	6
6 Total number of volunteers (estimate if necessary)	384
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,367,461	1,227,129
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,701	24,938
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,463	21,559
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,389,625	1,273,626
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	800,000	800,000
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)	312,693	356,020
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	209,789	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,828	226,542
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,333,521	1,382,562
19 Revenue less expenses. Subtract line 18 from line 12	56,104	-108,936

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,512,532	1,463,395
21 Total liabilities (Part X, line 26)	814,866	818,603
22 Net assets or fund balances. Subtract line 21 from line 20	697,666	644,792

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: **01/15/2025**
KAY C. KELLER **PRESIDENT AND CEO**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **SETH D. ROBISON, CPA** Preparer's signature: _____ Date: **11/14/24** Check if self-employed PTIN: **P01685072**
 Firm's name: **RESOURCE TAX AND ACCOUNTING, LLC** Firm's EIN: **82-5318146**
 Firm's address: **1551 JENNINGS MILL RD UNIT 900A WATKINSVILLE, GA 30677-7256** Phone no.: **706-353-2016**

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 \$ **993,099** including grants of \$ **800,000**) (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 \$ **40,128** 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.

4c (Code:) (Expenses \$ **2,031** including grants of \$) (Revenue \$)

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.

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

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

4e Total program service expenses **1,035,258**

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 Rev. Proc. 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash 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 on 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 on 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	3
1b	0

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

KAY C. KELLER
ATHENS

1 HUNTINGTON ROAD

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEVIN WOOD	2.00									
BOARD CHAIR	0.00	X					0	0	0	
(2) JASON SMITH	2.00									
PAST BOARD CHAIR	0.00	X					0	0	0	
(3) RYAN HAMMOCK	2.00									
FINANCE CHAIR	0.00	X					0	0	0	
(4) SCOTT LOWRY	2.00									
LEGAL CHAIR	0.00	X					0	0	0	
(5) KATHRYN LOOKOFSKY	2.00									
COMM IMPACT CHAIR	0.00	X					0	0	0	
(6) JOE MOON	2.00									
CAMPAIGN CHAIR	0.00	X					0	0	0	
(7) TANYA ADCOCK	1.00									
AT LARGE	0.00	X					0	0	0	
(8) JENNIFER BENFORD	1.00									
AT LARGE	0.00	X					0	0	0	
(9) ALEX BORGES	1.00									
AT LARGE	0.00	X					0	0	0	
(10) DR. PHILLIP BROWN	1.00									
AT LARGE	0.00	X					0	0	0	
(11) JACKIE DAVIS	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RYAN DOSS										
(12) AT LARGE	1.00 0.00	X					0	0	0	
(13) LAWRENCE HARRIS										
(13) AT LARGE	1.00 0.00	X					0	0	0	
(14) MILLER HEATH										
(14) AT LARGE	1.00 0.00	X					0	0	0	
(15) ALICIN HENDRICKS										
(15) AT LARGE	1.00 0.00	X					0	0	0	
(16) SEAN MCCALLEN										
(16) AT LARGE	1.00 0.00	X					0	0	0	
(17) DAWN MEYERS										
(17) AT LARGE	1.00 0.00	X					0	0	0	
(18) TONYA POWERS										
(18) AT LARGE	1.00 0.00	X					0	0	0	
(19) TIFANIE RING										
(19) AT LARGE	1.00 0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							109,054			
d Total (add lines 1b and 1c)							109,054			

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 **1**

	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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,227,129				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,227,129				
Program Service Revenue	2a	Business Code					
	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)		24,938			24,938	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	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	7a	(i) Securities				
			(ii) Other				
	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 \$ of contributions reported on line 1c). See Part IV, line 18	8a		26,409				
		b Less: direct expenses	8b	9,394			
		c Net income or (loss) from fundraising events		17,015		17,015	
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	11a COMMUNITY CELEBRATION	Business Code	4,544			4,544	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		4,544				
12 Total revenue. See instructions		1,273,626	0	0	46,497		

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	800,000	800,000		
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	188,367	25,328	49,074	113,965
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	82,824	61,181		21,643
7 Other salaries and wages	19,350		19,350	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,716	2,595	2,053	4,068
9 Other employee benefits	35,759	14,359	4,148	17,252
10 Payroll taxes	21,004	6,512	4,673	9,819
11 Fees for services (nonemployees):				
a Management				
b Legal	12,250		12,250	
c Accounting	52,762	26,381	26,381	
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	3,126			3,126
13 Office expenses	2,518	840	839	839
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,969	3,969		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,679	4,679		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,791		3,791	
23 Insurance	5,649	1,430	4,219	
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 CALL CENTER MONITOR-2-1-1	28,526	28,526		
b PUBLIX EMERGENCY FUND	19,677	19,677		
c DUES AND SUBSCRIPTIONS	18,304		9,152	9,152
d DONATION TRACKING	17,600			17,600
e All other expenses	53,691	39,781	1,585	12,325
25 Total functional expenses. Add lines 1 through 24e	1,382,562	1,035,258	137,515	209,789
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	472,639	1	418,354
	2 Savings and temporary cash investments	338,816	2	350,637
	3 Pledges and grants receivable, net	183,601	3	97,468
	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 185,218	97,867	10c 94,110
	11 Investments—publicly traded securities	398,027	11	480,185
	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	21,582	15	22,641
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,512,532	16	1,463,395	
Liabilities	17 Accounts payable and accrued expenses	813,024	17	814,487
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,842	25	4,116
	26 Total liabilities. Add lines 17 through 25	814,866	26	818,603
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	594,708	27	507,755
	28 Net assets with donor restrictions	102,958	28	137,037
	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	697,666	32	644,792
33 Total liabilities and net assets/fund balances	1,512,532	33	1,463,395	

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	1,273,626
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,382,562
3	Revenue less expenses. Subtract line 2 from line 1	3	-108,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	697,666
5	Net unrealized gains (losses) on investments	5	56,028
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	34
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	644,792

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MICHELLE ROBERTS										
(12) AT LARGE	1.00 0.00	X					0	0	0	
(21) JHONELLE SIMPSON										
(13) AT LARGE	1.00 0.00	X					0	0	0	
(22) SUSAN STANCIU										
(14) AT LARGE	1.00 0.00	X					0	0	0	
(23) JEN WELBORN										
(15) AT LARGE	1.00 0.00	X					0	0	0	
(24) JAIME YOUNG										
(16) AT LARGE	1.00 0.00	X					0	0	0	
(25) KAY C. KELLER										
(17) PRESIDENT AND CEO	40.00 0.00			X			109,054	0	0	
(18)										
(19)										
1b Subtotal							109,054			
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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,684,257	1,553,823	1,298,894	1,367,461	1,227,129	7,131,564
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	1,684,257	1,553,823	1,298,894	1,367,461	1,227,129	7,131,564
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)						2,793,333
6 Public support. Subtract line 5 from line 4						4,338,231

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,684,257	1,553,823	1,298,894	1,367,461	1,227,129	7,131,564
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,197	7,903	7,075	15,701	24,938	96,814
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.)	13,600		14,696	6,463	30,953	65,712
11 Total support. Add lines 7 through 10						7,294,090
12 Gross receipts from related activities, etc. (see instructions)					12	13,600

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	59.48 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	56.27 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

PART II, LINE 10 - OTHER INCOME DETAIL

ADMINISTRATIVE FEES	\$	34,759
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**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST GEORGIA INC

58-6008133

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

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	\$ 395,024	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	\$ 130,427	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	QUIKTRIP DISTRIBUTION 41 JACKSON CONCOURSE PENDERGRASS GA 30567	\$ 117,486	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GOLDEN PANTRY FOOD STORES 1150 GOLDEN WAY WATKINSVILLE GA 30677	\$ 84,061	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	\$ 40,967	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HARRISON POULTRY, INC. 107 E. STAR STREET WINDER GA 30680	\$ 38,746	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

58-6008133

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	\$ 36,957	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PIEDMONT ATHENS REGIONAL HEALTHCARE 1199 PRINCE AVENUE ATHENS GA 30606	\$ 36,761	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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

2023

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

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 yes/no 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 expenses.

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 art collection reporting requirements and amounts.

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	77,935	64,539
c Leasehold improvements				
d Equipment				
e Other		111,854	107,283	4,571
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				94,110

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, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PREPAID POP SPONSORSHIP	3,000
(3) 403 (B) PAYABLE	1,116
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,116

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	1,329,654
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	56,028
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	56,028
3	Subtract line 2e from line 1	3	1,273,626
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	1,273,626

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	1,382,528
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	1,382,528
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	34
c	Add lines 4a and 4b	4c	34
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,382,562

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 \$ **34**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....
.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>POWER OF THE PU</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	26,409			26,409
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	26,409			26,409
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,394			9,394
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,394
11 Net income summary. Subtract line 10 from line 3, column (d)				17,015	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTION, INC.		501C3	25,000				COMMUNITY BENEFIT
(2)	ARK FAMILY PERSERVATION CENTER, INC		501C3	10,000				COMMUNITY BENEFIT
(3)	ASHTON HOPE KEEGAN FOUNDATION, INC.		501C3	16,184				COMMUNITY BENEFIT
(4)	ATHENS AREA DIAPER BANK, INC.		501C3	20,000				COMMUNITY BENEFIT
(5)	ATHENS AREA HOMELESS SHELTER, INC.		501C3	50,000				COMMUNITY BENEFIT
(6)	ATHENS COMMUNITY COUNCIL ON AGING,		501C3	44,880				COMMUNITY BENEFIT
(7)	ATHENS LAND TRUST, INC.		501C3	35,000				COMMUNITY BENEFIT
(8)	ATLAS MINISTRIES, INC.		501C3	31,532				COMMUNITY BENEFIT
(9)	BOOKS FOR KEEPS		501C3	34,291				COMMUNITY BENEFIT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Schedule I (Form 990) 2023

**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

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UNITED WAY OF NORTHEAST GEORGIA INC

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BRIGHTPATHS		501C3	77,297				COMMUNITY BENEFIT
(2)	CASA DE AMINSTAD, INC.		501C3	18,816				COMMUNITY BENEFIT
(3)	DR ANNISE MABRY FOUNDATION		501C3	50,000				COMMUNITY BENEFIT
(4)	DIVAS WHO WIN FREEDOM CENTER, INC.		501C3	50,000				COMMUNITY BENEFIT
(5)	FAMILY PROMISE OF ATHENS, INC.		501C3	15,000				COMMUNITY BENEFIT
(6)	FOOD BANK OF NORTHEAST GEORGIA, INC		501C3	22,500				COMMUNITY BENEFIT
(7)	GEORGIA COMMITTEE ON EMPLOYMENT OF		501C3	30,000				COMMUNITY BENEFIT
(8)	GOODWILL OF NORTH GEORGIA, INC.		501C3	40,000				COMMUNITY BENEFIT
(9)	LYDIA'S PLACE, INC.		501C3	35,000				COMMUNITY BENEFIT

- 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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEW PATH 1010, INC.		501C3	7,500				COMMUNITY BENEFIT
(2)	NORTHEAST GEORGIA CASA		501C3	22,000				COMMUNITY BENEFIT
(3)	NORTHEAST GEORGIA REGIONAL		501C3	20,000				COMMUNITY BENEFIT
(4)	PROJECT SAFE, INC.		501C3	40,000				COMMUNITY BENEFIT
(5)	QUALITY CARE FOR CHILDREN, INC.		501C3	25,000				COMMUNITY BENEFIT
(6)	REACH OUT AND READ, INC.		501C3	25,000				COMMUNITY BENEFIT
(7)	TREE HOUSE, INC.		501C3	25,000				COMMUNITY BENEFIT
(8)	YOUNG WOMEN'S CHRISTIAN		501C3	30,000				COMMUNITY BENEFIT
(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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHEAST GEORGIA INC

Employer identification number

58-6008133

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 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.

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.

Name of the organization

Employer identification number

UNITED WAY OF NORTHEAST GEORGIA INC

58-6008133

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 \$ 34

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

2023

Attachment
Sequence No. **179**

UNITED WAY OF NORTHEAST GEORGIA INC

Identifying number
58-6008133

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	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 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 2024. Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	3,562

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	229
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 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,791
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** (2023)

THERE ARE NO AMOUNTS FOR PAGE 2

** - ***8133

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
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
49	LAPTOP - KKELLER	12/20/20	847			847	5 MQ200DB	557	116
50	2.5 TON HEAT PUMP SYSTEM	3/03/20	4,400			4,400	39 MMS/L	315	113
			<u>71,787</u>			<u>65,869</u>		<u>67,412</u>	<u>229</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	74,373	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	20,317	0
	Total Other Depreciation		<u>207,541</u>			<u>203,041</u>		<u>114,440</u>	<u>3,562</u>
	Total ACRS and Other Depreciation		<u>207,541</u>			<u>203,041</u>		<u>114,440</u>	<u>3,562</u>
	Grand Totals		279,328			268,910		181,852	3,791
	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>181,852</u>	<u>3,791</u>

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AMT Asset Report

FYE: 12/31/2023

Form 990, Page 1

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Prior MACRS:									
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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
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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
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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
49	LAPTOP - KKELLER	12/20/20	847			847	5 MQ200DB	557	116
50	2.5 TON HEAT PUMP SYSTEM	3/03/20	4,400			4,400	39 MMS/L	315	113
			<u>71,787</u>			<u>65,869</u>		<u>67,412</u>	<u>229</u>
Other Depreciation:									
35	OFFICE CONDOMINIUM	7/29/02	142,474			142,474	40 MO S/L	74,373	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	20,317	0
	Total Other Depreciation		<u>162,791</u>			<u>162,791</u>		<u>94,690</u>	<u>3,562</u>
	Total ACRS and Other Depreciation		<u>162,791</u>			<u>162,791</u>		<u>94,690</u>	<u>3,562</u>
	Grand Totals		234,578			228,660		162,102	3,791
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>234,578</u>			<u>228,660</u>		<u>162,102</u>	<u>3,791</u>

-*8133

Bonus Depreciation Report

FYE: 12/31/2023

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: 12/31/2023

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	116	116	0
Page 1	1	50	2.5 TON HEAT PUMP SYSTEM	113	113	0
				<u>229</u>	<u>229</u>	<u>0</u>

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	93	93
50	2.5 TON HEAT PUMP SYSTEM	3/03/20	4,400	113	113
			<u>71,787</u>	<u>206</u>	<u>206</u>

Other Depreciation:

15	DONATION TRACKER SOFTWARE	7/17/00	4,750	0	0
35	OFFICE CONDOMINIUM	7/29/02	142,474	3,561	3,561
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>3,561</u>	<u>3,561</u>
	Total ACRS and Other Depreciation		<u>207,541</u>	<u>3,561</u>	<u>3,561</u>
	Grand Totals		<u>279,328</u>	<u>3,767</u>	<u>3,767</u>

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 BOARD CHAIR
 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: 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 PAST 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: _____

OFFICER INFORMATION

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 FINANCE CHAIR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

	ORGANIZATION	RELATED
BASE:	_____	_____
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: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

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

PROGRAM SERVICE ACCOMPLISHMENTS

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

OFFICER INFORMATION

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:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
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: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KATHRYN LOOKOFSKY

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: 12/31/2023

GENERAL INFORMATION

NAME: JOE MOON

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: 12/31/2023

GENERAL INFORMATION

NAME: TANYA ADCOCK

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:	ORGANIZATION	RELATED
_____	_____	_____
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
_____	_____	_____
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: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JENNIFER BENFORD
 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: _____

GENERAL INFORMATION

NAME: ALEX BORGES
 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: DR. PHILLIP BROWN

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: JACKIE DAVIS
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: 12/31/2023

GENERAL INFORMATION

NAME: RYAN DOSS

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: 12/31/2023

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: MILLER HEATH
 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: 12/31/2023

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

GENERAL INFORMATION

NAME: SEAN MCCALLEN
 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: 12/31/2023

GENERAL INFORMATION

NAME: DAWN MEYERS

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:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
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: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2023

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:	ORGANIZATION	RELATED
_____	_____	_____
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
_____	_____	_____
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: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: TIFANIE RING
 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: _____

GENERAL INFORMATION

NAME: MICHELLE ROBERTS
 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: JOHNELLE SIMPSON
 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: _____

UNITED WAY OF NORTHEAST GEORGIA INC OFFICER INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: SUSAN STANCIL
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: 12/31/2023

GENERAL INFORMATION

NAME: JEN WELBORN

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:	ORGANIZATION	RELATED
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS:	ORGANIZATION	RELATED
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: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: JAIME YOUNG

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: KAY C. KELLER
 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? 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>109,054</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: 10,905
 MANAGEMENT & GENERAL: 49,074
 FUNDRAISING: 49,075

INCOME ALLOCATION

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

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 10,905
 SECOND: _____
 THIRD: _____
 OTHER: _____

UNITED WAY OF NORTHEAST GEORGIA INC OFFICER INFORMATION

FYE: 12/31/2023

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? YES

TITLE

DIR OF COMMUNITY IMP

OFFICER TYPE

INDIVIDUAL

COMPENSATION

BASE: 39,539

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: 39,539

MANAGEMENT & GENERAL:

FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:

ADJUSTED NET:

CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 39,539

SECOND:

THIRD:

OTHER:

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ALISON ALWES
 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? YES
 TITLE DIR OF MARKETING
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 43,285
 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: 21,642
 MANAGEMENT & GENERAL:
 FUNDRAISING: 21,643

INCOME ALLOCATION

NET INVESTMENT:
 ADJUSTED NET:
 CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 21,642
 SECOND:
 THIRD:
 OTHER:

UNITED WAY OF NORTHEAST GEORGIA INC OFFICER INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: JORDAN R. NORTH
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: 64,890
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: 64,890

INCOME ALLOCATION

NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

GENERAL INFORMATION

NAME: COURTNEY L. ETHEREDGE

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: ORGANIZATION 14,423

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: ORGANIZATION _____

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: 14,423

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 14,423

SECOND: _____

THIRD: _____

OTHER: _____

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

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: 395,024
 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:	482,883
3RD PRECEDING YEAR:	357,566
2ND PRECEDING YEAR:	284,607
1ST PRECEDING YEAR:	339,190
CURRENT YEAR:	

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: CATERPILLAR-ATHENS

E-FILING TYPE:

BUSINESS

DO NOT DISCLOSE

ADDRESS 250 DOZER DRIVE

NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: ATHENS, GA 30606

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 130,427

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:

81,515

3RD PRECEDING YEAR:

86,177

2ND PRECEDING YEAR:

127,929

1ST PRECEDING YEAR:

104,991

CITY, STATE ZIP CODE: ,

CURRENT YEAR:

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

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: 117,486

FUNDRAISING PORTION:

TYPE: PAYROLL

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

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:

53,552

2ND PRECEDING YEAR:

33,487

1ST PRECEDING YEAR:

172,178

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

CURRENT YEAR:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: GOLDEN PANTRY FOOD STORES

E-FILING TYPE:

BUSINESS

ADDRESS 1150 GOLDEN WAY

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: WATKINSVILLE, GA 30677

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 84,061

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:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

48,437

3RD PRECEDING YEAR:

48,032

2ND PRECEDING YEAR:

21,500

1ST PRECEDING YEAR:

70,000

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

CURRENT YEAR:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

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: 40,967
 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:	51,213
3RD PRECEDING YEAR:	42,028
2ND PRECEDING YEAR:	86,189
1ST PRECEDING YEAR:	51,271
CURRENT YEAR:	

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

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: 38,746
 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:	65,393
3RD PRECEDING YEAR:	81,408
2ND PRECEDING YEAR:	53,988
1ST PRECEDING YEAR:	43,743
CURRENT YEAR:	

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

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: 36,957
 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: 46,357
 3RD PRECEDING YEAR: 38,992
 2ND PRECEDING YEAR: 29,256
 1ST PRECEDING YEAR: 25,593
 CURRENT YEAR:

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: PIEDMONT ATHENS REGIONAL HEALTHCARE E-FILING TYPE: BUSINESS
 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: 36,761
 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: 41,539
 3RD PRECEDING YEAR: 40,240
 2ND PRECEDING YEAR: 35,633
 1ST PRECEDING YEAR: 35,073
 CURRENT YEAR:

58-6008133

CONTRIBUTOR INFORMATION

FYE: 12/31/2023

GENERAL INFORMATION

NAME: SOLVAY USA LLC
 ADDRESS 577 BANKHEAD HWY
 CITY, STATE ZIP CODE: WINDER, GA 30680
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 NAME AND ADDRESS? NO

CONTRIBUTIONS

CASH CONTRIBUTION: 24,427
 FUNDRAISING PORTION:
 TYPE: PAYROLL

OTHER INFORMATION

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

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

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:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

Name UNITED WAY OF NORTHEAST GEORGIA INC	Taxpayer Identification Number 58-6008133
--	---

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.	<u>26,409</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>26,409</u>
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.	<u>9,394</u>
15. Total expenses. Add lines 8 through 14	15.	<u>9,394</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>17,015</u>

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 - Cost of Goods Sold:

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

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 - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment 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	<u>9,394</u>
Total Fundraising Expense	<u>9,394</u>

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:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name UNITED WAY OF NORTHEAST GEORGIA INC	Taxpayer Identification Number 58-6008133
--	---

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.	<u>4,544</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>4,544</u>
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.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>4,544</u>

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 - Cost of Goods Sold:

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

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 - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment 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	_____
Total Fundraising 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:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	_____
<input type="checkbox"/> Part VI, Controlled Org Income	_____
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/> Part VIII, Exploited Activities	_____
<input type="checkbox"/> Part IX, Advertising Income	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Tax Return History	2023
-----------------	---------------------------	-------------

Name UNITED WAY OF NORTHEAST GEORGIA INC	Employer Identification Number 58-6008133
--	---

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,684,257	1,553,823	1,298,894	1,367,461	1,227,129	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	41,197	7,903	7,075	15,701	24,938	
Fundraising revenue (income/loss)		-1,078	14,138	442	17,015	
Gaming revenue (income/loss)						
Other revenue	13,600			6,021	4,544	
Total revenue	1,739,054	1,560,648	1,320,107	1,389,625	1,273,626	
Grants and similar amounts paid	863,000	300,000	882,867	800,000	800,000	
Benefits paid to or for members						
Compensation of officers, etc.	252,292	254,521	263,126	246,237	188,367	
Other compensation	64,638	56,632	56,530	66,456	167,653	
Professional fees	98,069	68,755	68,181	64,932	65,012	
Occupancy costs						
Depreciation and depletion	7,625	5,481	3,997	3,868	3,791	
Other expenses	286,860	256,481	209,270	152,028	157,739	
Total expenses	1,572,484	941,870	1,483,971	1,333,521	1,382,562	
Excess or (Deficit)	166,570	618,778	-163,864	56,104	-108,936	
Total exempt revenue	1,739,054	1,560,648	1,320,107	1,389,625	1,273,626	
Total unrelated revenue						
Total excludable revenue	54,797	6,825	21,213	22,164	46,497	
Total Assets	844,136	1,191,680	1,592,142	1,512,532	1,463,395	
Total Liabilities	646,664	336,140	867,000	814,866	818,603	
Net Fund Balances	197,472	855,540	725,142	697,666	644,792	

Federal Statements**Taxable 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>US Obs (\$ or %)</u>
INTEREST	\$ 15,379		25			
TOTAL	<u>\$ 15,379</u>					

Taxable 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>US Obs (\$ or %)</u>
INTEREST/DIVIDENDS	\$ 7,733		26			
REALIZED GAINS/LOSSES	1,826		26			
TOTAL	<u>\$ 9,559</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CAMPAIGN EXPENSES	\$ 8,363	\$	\$	\$ 8,363
CONDO ASSOCIATION FEES	6,990	6,990		
DESIGN, ADS, & WEB- 2-1-1	5,400	5,400		
NEW TECHNOLOGY (E-CIMPACT	5,119	5,119		
COMPUTER EXPENSE	4,537	1,352	1,066	2,119
DAY OF CARING	3,630	3,630		
COMMUNITY IMPACT	3,275	3,275		
PROMOTIONAL EXPENSE-2-1-1	3,275	3,275		
ANNUAL MEETING	3,149	3,149		
ADMIN FEES - PG	2,031	2,031		
UTILITIES	2,031	2,031		
REPAIRS & MAINTENANCE	1,634	1,634		
TELEPHONE	1,338	398	315	625
ADMIN FEES - 2-1-1	1,297	1,297		
POSTAGE	1,218			1,218
DUES AND SUB-2-1-1	200	200		
MERCHANT SERVICE FEES	140		140	
CORPORATE REGISTRATION	50		50	
BANK CHARGES	14		14	
TOTAL	\$ 53,691	\$ 39,781	\$ 1,585	\$ 12,325

Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS UW CAMPAIGN CONTRIBUTIONS	\$ 1,165,227
VARIOUS 2-1-1 CONTRIBUTORS	61,902
TOTAL	\$ 1,227,129

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
PUBLIX SUPER MARKETS, INC.	\$ 1,859,270	\$ 1,713,388
CATERPILLAR-ATHENS	531,039	385,157
QUIKTRIP DISTRIBUTION	376,703	230,821
GOLDEN PANTRY FOOD STORES	272,030	126,148
JOHNSON & JOHNSON	271,668	125,786
HARRISON POULTRY, INC.	283,278	137,396
ABB MOTORS AND MECHANICAL	177,155	31,273
PIEDMONT ATHENS REGIONAL HEALTHCARE	189,246	43,364
SOLVAY USA LLC	24,427	
TOTAL	<u>\$ 3,984,816</u>	<u>\$ 2,793,333</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 15,379
INTEREST/DIVIDENDS	7,733
REALIZED GAINS/LOSSES	1,826
TOTAL	<u>\$ 24,938</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
POWER OF THE PURSE	\$ 26,409
COMMUNITY CELEBRATION	4,544
TOTAL	<u>\$ 30,953</u>

Federal Statements

Power of the Purse

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ <u>9,394</u>
TOTAL	\$ <u><u>9,394</u></u>