

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **MAY 1, 2020** and ending **APR 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF HALL COUNTY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 2656</b> City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE, GA 30503-2656</b> <b>F</b> Name and address of principal officer: <b>JESSICA DUDLEY</b> <b>527 OAK STREET, GAINESVILLE, GA 30501</b>	<b>D</b> Employer identification number <b>58-6011393</b> <b>E</b> Telephone number <b>770 536-1121</b> <b>G</b> Gross receipts \$ <b>1,513,434.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYHALLCOUNTY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1948</b> <b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS UNITING PEOPLE, RESOURCES AND ORGANIZATIONS TO IMPROVE LIVES IN HALL COUNTY.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>7</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>1,366,784.</b>	<b>1,483,737.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>22,508.</b>	<b>29,697.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,389,292.</b>	<b>1,513,434.</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>548,227.</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>292,397.</b>	<b>339,726.</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>118,025.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>307,662.</b>	<b>346,796.</b>
<b>Net Assets or Fund Balances</b>	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,148,286.</b>	<b>1,225,739.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>241,006.</b>	<b>287,695.</b>
	20	Total assets (Part X, line 16)	<b>2,419,554.</b>	<b>2,723,077.</b>
	21	Total liabilities (Part X, line 26)	<b>570,760.</b>	<b>515,523.</b>
22	Net assets or fund balances. Subtract line 21 from line 20	<b>1,848,794.</b>	<b>2,207,554.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JESSICA DUDLEY, PRESIDENT/CPO</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>R. HANK SPROUSE, JR.</b>	Preparer's signature <i>R Hank Sprouse, Jr.</i>	Date <b>09/28/21</b>
	Firm's name <b>BATES CARTER &amp; CO., LLP</b>	Firm's EIN ▶ <b>20-8004844</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01917733</b>
	Firm's address <b>PO DRAWER 2396 GAINESVILLE, GA 30503</b>	Phone no. <b>770-532-9131</b>	

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF HALL COUNTY IS UNITING PEOPLE, RESOURCES AND ORGANIZATIONS TO IMPROVE LIVES IN HALL COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 569,913. including grants of \$ 539,217. ) (Revenue \$ ) UNITED WAY OF HALL COUNTY'S MISSION IS TO UNITE PEOPLE, ORGANIZATIONS AND RESOURCES TO IMPROVE LIVES IN HALL COUNTY. UNITED WAY FOSTERS RELATIONSHIPS TO COLLECTIVELY FOCUS ON ISSUES THAT ARE IMPORTANT AND VITAL IN EVERY RESIDENT OF HALL COUNTY HAVING A GOOD LIFE. WE DO THIS THROUGH ENCOURAGING INDIVIDUALS, COMPANIES AND OTHER NON-PROFITS TO GIVE FINANCIAL RESOURCES, ADVOCATE FOR ISSUES THAT ARE IMPORTANT TO OUR COMMUNITY AND VOLUNTEER THEIR TIME. UNITED WAY OF HALL COUNTY BELIEVES EDUCATION, INCOME AND HEALTH ARE THE BUILDING BLOCKS OF A GOOD LIFE AND HAS ESTABLISHED THE FOLLOWING AS PRIORITIES:

EDUCATION - HELPING PEOPLE, FROM BIRTH THROUGH ADULT, ACHIEVE THEIR POTENTIAL THROUGH LEARNING. WE BELIEVE THAT LEARNING BEGINS AT BIRTH

4b (Code: ) (Expenses \$ 279,175. including grants of \$ ) (Revenue \$ ) THE COMPASS CENTER (THE CENTER) IS AN INITIATIVE DESIGNED TO CONNECT FAMILIES IN THE LOCAL COMMUNITY WITH SERVICES TO ASSIST THEM WITH HUNGER RELIEF, AFFORDABLE HOUSING, HEALTH CARE, EDUCATIONAL RESOURCES, COUNSELING OR WORKFORCE DEVELOPMENT.

4c (Code: ) (Expenses \$ 78,508. including grants of \$ ) (Revenue \$ ) READ LEARN SUCCEED IS AN INTERNAL INITIATIVE THAT ENCOURAGES READING FROM BIRTH. OUR GOAL THROUGH THIS INITIATIVE IS THAT CHILDREN ENTER PRE-K AND KINDERGARTEN READY TO LEARN THUS INCREASING GRADUATION RATES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 52,097. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 979,693.



**Part IV Checklist of Required Schedules**

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



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a/1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

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



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA DUDLEY PRESIDENT	40.00			X				85,680.	0.	0.
(2) RACHEL BAHIN BOARD MEMBER	1.00	X						0.	0.	0.
(3) ELISABETH BALDWIN BOARD CHAIR	3.00	X		X				0.	0.	0.
(4) SARAH BELL BOARD MEMBER	2.00	X		X				0.	0.	0.
(5) KYLE BOCHAT BOARD MEMBER	1.00	X						0.	0.	0.
(6) PHIL BONELLI BOARD MEMBER	1.00	X						0.	0.	0.
(7) BONNOR BURTON BOARD MEMBER	1.00	X						0.	0.	0.
(8) MARIA CALKINS BOARD MEMBER	1.00	X						0.	0.	0.
(9) JULI CLAY BOARD MEMBER	1.00	X						0.	0.	0.
(10) LIZ COATES BOARD MEMBER	1.00	X						0.	0.	0.
(11) SAM COUVILLON BOARD MEMBER	1.00	X						0.	0.	0.
(12) SHELLEY DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(13) KATIE DUBNIK BOARD MEMBER	2.00	X						0.	0.	0.
(14) SAM EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(15) BILL HALL BOARD MEMBER	1.00	X						0.	0.	0.
(16) SHARON HOLT BOARD MEMBER	1.00	X						0.	0.	0.
(17) TOMMY HOWARD BOARD MEMBER	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOGAN JONES BOARD MEMBER	1.00	X						0.	0.	0.
(19) ANDY KALINAUSKAS BOARD MEMBER	1.00	X						0.	0.	0.
(20) JENNIFER LOGGINS BOARD MEMBER	1.00	X						0.	0.	0.
(21) BETHANY MAGNUS BOARD MEMBER	1.00	X						0.	0.	0.
(22) CHRISTY MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(23) PHILLIPPA LEWIS MOSS BOARD MEMBER	2.00	X	X					0.	0.	0.
(24) RICHELLE OAKLEY BOARD MEMBER	1.00	X						0.	0.	0.
(25) TATE O'ROUKE BOARD MEMBER	2.00	X	X					0.	0.	0.
(26) JAY PARRISH BOARD MEMBER	2.00	X	X					0.	0.	0.
<b>1b Subtotal</b> .....								85,680.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								85,680.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such person .....		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
NONE		

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

Total to Part VII, Section A, line 1c



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 343.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 128,430.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,354,964.			
	g Noncash contributions included in lines 1a-1f	1g \$ 22,380.			
	<b>h Total. Add lines 1a-1f</b>	<b>1,483,737.</b>			
Program Service Revenue	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	<b>g Total. Add lines 2a-2f</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,126.		26,126.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a	(i) Real (ii) Personal		
	b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)			3,571.	3,571.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10 a 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	11 a	Business Code			
	b				
	c				
	d All other revenue				
	<b>e Total. Add lines 11a-11d</b>				
<b>12 Total revenue. See instructions</b>		<b>1,513,434.</b>	<b>0.</b>	<b>0.</b>	<b>29,697.</b>



**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	539,217.	539,217.		
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	86,520.	60,564.	8,652.	17,304.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	222,429.	142,186.	45,846.	34,397.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,406.	3,763.	1,422.	1,221.
9 Other employee benefits				
10 Payroll taxes	24,371.	14,002.	4,053.	6,316.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,891.		24,891.	
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 Sch O.)	727.		727.	
12 Advertising and promotion	11,466.	452.	75.	10,939.
13 Office expenses	18,928.	9,100.	8,310.	1,518.
14 Information technology	34,991.	13,031.	17,087.	4,873.
15 Royalties				
16 Occupancy	15,951.	9,292.	2,767.	3,892.
17 Travel	595.		152.	443.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,712.	476.	1,406.	830.
20 Interest	156.		156.	
21 Payments to affiliates	20,109.	12,066.	3,016.	5,027.
22 Depreciation, depletion, and amortization	17,473.	12,537.	2,468.	2,468.
23 Insurance	6,008.	3,099.	1,589.	1,320.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COVID 19 EXPENSES</b>	108,410.	108,410.		
b <b>SUPPLIES</b>	17,775.			17,775.
c <b>211 SERVICES</b>	12,550.	12,550.		
d <b>GRANT PREPARATION EXPEN</b>	11,630.	11,630.		
e All other expenses	42,424.	27,318.	5,404.	9,702.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,225,739.</b>	<b>979,693.</b>	<b>128,021.</b>	<b>118,025.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	142,691.	1	21,217.
	2	Savings and temporary cash investments	1,208,415.	2	580,294.
	3	Pledges and grants receivable, net	668,612.	3	696,956.
	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	1,620.	9	56,529.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 494,324.		
	b	Less: accumulated depreciation	10b 282,333.	10c	211,991.
	11	Investments - publicly traded securities	0.	11	
	12	Investments - other securities. See Part IV, line 11	153,992.	12	1,155,916.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,760.	15	174.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,419,554.	16	2,723,077.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	8,496.	17	21,525.
	18	Grants payable	503,864.	18	493,998.
	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	58,400.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	570,760.	26	515,523.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,845,794.	27	2,204,554.
	28	Net assets with donor restrictions	3,000.	28	3,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	1,848,794.	32	2,207,554.	
33	<b>Total liabilities and net assets/fund balances</b>	2,419,554.	33	2,723,077.	



**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	1,513,434.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,225,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	287,695.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,848,794.
5	Net unrealized gains (losses) on investments	5	71,066.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,207,555.

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **UNITED WAY OF HALL COUNTY, INC.** Employer identification number: **58-6011393**

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

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

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

g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1541555.	1481101.	1406482.	1366784.	1471411.	7267333.
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 <b>Total.</b> Add lines 1 through 3 .....	1541555.	1481101.	1406482.	1366784.	1471411.	7267333.
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) .....						342,436.
6 <b>Public support.</b> Subtract line 5 from line 4.						6924897.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	1541555.	1481101.	1406482.	1366784.	1471411.	7267333.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,420.	5,450.	13,790.	22,508.	29,698.	75,866.
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.) .....						
11 <b>Total support.</b> Add lines 7 through 10						7343199.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	94.30	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	94.02	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		











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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

UNITED WAY OF HALL COUNTY, INC.

Employer identification number

58-6011393

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

Yes  No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....



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

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

- a  Public exhibition
- 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	153,992.	152,962.	150,974.	138,936.	139,974.
b Contributions				10,912.	
c Net investment earnings, gains, and losses	5,321.	1,030.	1,988.	1,126.	1,026.
d Grants or scholarships					
e Other expenditures for facilities and programs					2,064.
f Administrative expenses					
g End of year balance	159,313.	153,992.	152,962.	150,974.	138,936.

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		353,302.	246,250.	107,052.
c Leasehold improvements				
d Equipment		33,022.	29,861.	3,161.
e Other		8,000.	6,222.	1,778.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				211,991.



**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) ENDOWMENT FUND (CD)	159,313.	END-OF-YEAR MARKET VALUE
(B) RESERVE FUND	996,603.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,155,916.</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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,597,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	71,066.
b	Donated services and use of facilities	2b	19,918.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	90,984.
3	Subtract line 2e from line 1	3	1,506,436.
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	6,998.
c	Add lines 4a and 4b	4c	6,998.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,513,434.

**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	1,238,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,918.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	19,918.
3	Subtract line 2e from line 1	3	1,218,742.
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	6,998.
c	Add lines 4a and 4b	4c	6,998.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,225,740.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED TO PROMOTE COMMUNITY EDUCATIONAL PROGRAMS.

**PART X, LINE 2:**

THE ORGANIZATION DOES NOT HAVE AN ASC 740-10 (FORMERLY FIN 48) DISCLOSURE RELATED TO UNCERTAIN TAX POSITIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

ROUNDING

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**



**Part XIII** Supplemental Information (continued)

DONOR DESIGNATIONS TO PARTNER AGENCIES AND OTHER UNITED

WAYS 6,998.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO PARTNER AGENCIES AND OTHER UNITED

WAYS 6,998.



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF HALL COUNTY, INC.**

Employer identification number

**58-6011393**

**Part I** General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GAINESVILLE-HALL COUNTY ALLIANCE FOR LITERACY - 719 WOODSMILL ROAD - GAINESVILLE, GA 30501	58-2203290	501(C)(3)	6,000.	0.			PROVIDES EDUCATIONAL SERVICES TO ASSIST INDIVIDUALS IN ACQUIRING BASIC SKILLS IN READING,
BOYS & GIRLS CLUBS OF LANIER 1 POSITIVE PLACE GAINESVILLE, GA 30503	58-0656890	501(C)(3)	70,000.	0.			TO INCREASE SCHOOL READINESS, IMPROVE ON-TIME GRADUATION RATES, AND PREPARE YOUTH FOR
SISU OF GA, INC. 2360 MURPHY BLVD GAINESVILLE, GA 30504	58-1622732	501(C)(3)	30,000.	0.			TO INCREASE SCHOOL READINESS, IMPROVE ON-TIME GRADUATION RATES, AND PREPARE YOUTH FOR
CHILDREN'S CENTER FOR HOPE & HEALING - 615 OAK STREET - GAINESVILLE, GA 30501	58-1718580	501(C)(3)	10,000.	0.			TO HELP PEOPLE GAIN LIFE SKILLS THROUGH EDUCATION AND RESOURCES THROUGH PROGRAMS SUCH AS WOMEN'S
GATEWAY DOMESTIC VIOLENCE CENTER CONFIDENTIAL (SHELTER) GAINESVILLE, GA 30503	58-1447674	501(C)(3)	25,000.	0.			TO ASSIST PEOPLE IN MEETING BASIC NEEDS AND PROVIDE SUPPORT FOR INDIVIDUALS OR FAMILIES
GOOD NEWS CLINICS 810 PINE ST GAINESVILLE, GA 30501	58-2058853	501(C)(3)	49,000.	0.			TO IMPROVE ACCESS TO HEALTHCARE AND HELP RESIDENTS LIVE A HEALTHIER LIFESTYLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPE RESPONSE, INC 615 OAK STREET GAINESVILLE, GA 30501	58-1788134	501(C)(3)	9,000.	0.			TO ASSIST PEOPLE IN MEETING BASIC NEEDS AND PROVIDE SUPPORT FOR INDIVIDUALS OR FAMILIES
NORTH GEORGIA WORKS PO BOX 2458 GAINESVILLE, GA 30503	82-2428323	501(C)(3)	20,000.	0.			ASSIT INDIVIDUALS EXPERIENCING HOMELESSNESS BY HELPING THEM BECOME SELF SUFFICIENT MEMBERS
HALL-DAWSON CASA 603 WASHINGTON ST. SW GAINESVILLE, GA 30501	58-0234915	501(C)(3)	6,000.	0.			TO PROVIDE SUPPORT FOR INDIVIDUALS OR FAMILIES IN CRISIS.
EDMONDSON-TELFORD CENTER 603 WASHINGTON ST. NW GAINESVILLE, GA 30501	58-2250500	501(C)(3)	12,000.	0.			TO SUPPORT THE FORENSIC INTERVIEW PROGRAM WHICH ENABLES INVESTIGATORS OF CHILD ABUSE OR NEGLECT
BRENAU UNIVERSITY 500 WASHINGTON ST SE GAINESVILLE, GA 30501	58-0566143	501(C)(3)	30,000.	0.			PROVIDES DIAGNOSTIC OR EVALUATION TOOLS FOR PSYCHOLOGICAL TESTING. SUPPORTED AN EDUCATIONAL
THE EDUCATIONAL FOUNDATION AND MUSEUM OF BEULAH RUCKER - 2103 ATHENS ROAD - GAINESVILLE, GA 30507	20-3164040	501(C)(3)	16,000.	0.			TO ASSIST IN FUNDING THE BEULAH RUCKER FOUNDATION AND MUSEUM
RAINBOW CHILDREN'S HOME 247 EAST MAIN STREET GAINESVILLE, GA 30533	58-2503916	501(C)(3)	5,000.	0.			PROVIDES FUNDING FOR A TEMPORARY EMERGENCY SHELTER FOR ABUSED, NEGLECTED, AND/OR
GEORGIA MOUNTAIN FOOD BANK, INC. 1642 CALVARY INDUSTRIAL DRIVE SW GAINESVILLE, GA 30507	26-2787610	501(C)(3)	35,000.	0.			PROVIDES FOOD SUPPLIES TO THOSE IN NEEDS THROUGH MOBILE FOOD PANTRIES.
FAMILY PROMISE OF HALL COUNTY 1001 RIVERSIDE DR GAINESVILLE, GA 30501	27-5544034	501(C)(3)	28,000.	0.			TO INFORM AND EQUIP FAMILIES TO ALLOW THEM TO MAKE APPROPRIATE, POSITIVE DECISIONS THAT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL SOCIETY, INC. 2050-C CHAMBLEE TUCKER RD ATLANTA, GA 30341	58-0967972	501(C)(3)	20,000.	0.			PROVIDES FINANCIAL ASSISTANCE FOR HOUSING AND UTILITY EXPENSES TO INDIVIDUALS ACTIVELY
THE SALVATION ARMY, A GEORGIA CORPORATION - 711 DORSEY STREET - GAINESVILLE, GA 30501	58-0660607	501(C)(3)	36,000.	0.			TO INVEST IN THE NEEDS OF THE COMMUNITY, WHETHER THE NEED BE CLOTHING, FOOD, FINANCIAL
CENTER POINT GA, INC. 1050 ELEPHANT TRAIL GAINESVILLE, GA 30501	58-0122054	501(C)(3)	20,000.	0.			TO ASSIST IN THE SUCCESS OF STUDEMTS AMD FAMILIES THROUGH TEACHING AND PERSONAL DEVELOPMENT.
GEORGIA HEALTHY FAMILY ALLIANCE 3760 LAVISTA ROAD TUCKER, GA 30084	58-6212478	501(C)(3)	8,000.	0.			TO SERVE THE PEOPLE OF GEORGIA BY ENHANCING THEIR WELL-BEING THROUGH EDUCATIONAL AND OUTREACH
GOOD NEWS AT NOON PO BOX 1577 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	13,000.	0.			ASSIT INDIVIDUALS EXPERIENCING HOMELESSNESS BY HELPING THEM BECOME SELF SUFFICIENT MEMBERS
GOOD WILL OF NORTH GEORGIA 2201 LAWRENCEVILLE HIGHWAY SUITE 30 DECATUR, GA 30033	20-8351046	501(C)(3)	17,000.	0.			TO PROVIDE JOB TRAINING AND EMPLOYMENT SERVICES TO PEOPLE WHO ARE HAVING TROUBLE FINDING WORK
JUNIOR ACHEIVMENT OF GEORGIA 275 NORTHSIDE DR, NW ATLANTA, GA 30314	58-0598050	501(C)(3)	5,000.	0.			TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. BY BRINGING REAL-WORLD
SHINE (BRENEAU RISE) 500 WASHINGTON ST SE GAINESVILLE, GA 30501	58-0566143	501(C)(3)	7,000.	0.			TO HELP LOW-INCOME CHILDREN CAP SUMMER LEARNING LOSS THROUGH INNOVATIVE PROGRAMMING
UNIVERSITY OF NORTH GEORGIA FOUNDATION - P. O. BOX 1599 - DAHLONEGA, GA 30533	23-7066297	501(C)(3)	10,000.	0.			THE UNIVERSITY OF NORTH GEORGIA FOUNDATION, INC. SUPPORTS THE MISSION OF THE UNIVERSITY OF NORTH

Schedule I (Form 990)



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

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

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

**PART I, LINE 2:**

ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT EXPECTED PROGRAM OUTCOMES PRIOR TO RECEIVING FUNDING. UNITED WAY VOLUNTEERS MONITOR PROGRESS ON EXPECTED OUTCOMES BASED ON REPORTS SUBMITTED BY EACH PROGRAM. GRANT RECIPIENTS ARE ALSO REQUIRED TO SUBMIT AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 PER THE MEMORANDUM OF AGREEMENT EXECUTED BY EACH PROGRAM THAT RECEIVES FUNDING.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:**



**Part IV** Supplemental Information

GAINESVILLE-HALL COUNTY ALLIANCE FOR LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES EDUCATIONAL SERVICES TO ASSIST INDIVIDUALS IN ACQUIRING BASIC SKILLS IN READING, WRITING, SPEAKING, LISTENING, AND COMMUNICATING.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF LANIER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE SCHOOL READINESS, IMPROVE ON-TIME GRADUATION RATES, AND PREPARE YOUTH FOR FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: SISU OF GA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE SCHOOL READINESS, IMPROVE ON-TIME GRADUATION RATES, AND PREPARE YOUTH FOR FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S CENTER FOR HOPE & HEALING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PEOPLE GAIN LIFE SKILLS THROUGH EDUCATION AND RESOURCES THROUGH PROGRAMS SUCH AS WOMEN'S SERVICES PROGRAM, VICTIM SERVICES PROGRAM AND PROJECT PATHFINDER.

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY DOMESTIC VIOLENCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST PEOPLE IN MEETING BASIC NEEDS AND PROVIDE SUPPORT FOR INDIVIDUALS OR FAMILIES IN CRISIS. SPECIFIC PROGRAMS INCLUDE A PREVENTION EDUCATION PROGRAM AND SURVIVOR SUPPORT GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD NEWS CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE ACCESS TO HEALTHCARE AND HELP RESIDENTS LIVE A HEALTHIER LIFESTYLE THROUGH SUPPORT OF A MEDICAL AND DENTAL CLINIC.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RAPE RESPONSE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST PEOPLE IN MEETING BASIC NEEDS AND PROVIDE SUPPORT FOR INDIVIDUALS OR FAMILIES IN CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH GEORGIA WORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST INDIVIDUALS EXPERIENCING HOMELESSNESS BY HELPING THEM BECOME SELF SUFFICIENT MEMBERS OF SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: EDMONDSON-TELFORD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FORENSIC INTERVIEW PROGRAM WHICH ENABLES INVESTIGATORS OF CHILD ABUSE OR NEGLECT CASES TO HAVE ACCESS TO STRONGER, MORE ACCURATE TESTIMONIES FROM VICTIMS THAT YIELD HIGHER PROSECUTION RATES FOR OFFENDERS; PROVIDES THE NECESSARY PROFESSIONAL TRAINING FOR THE STEWARDS OF CHILDREN CHILD ABUSE PREVENTION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BRENAU UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES DIAGNOSTIC OR EVALUATION TOOLS FOR PSYCHOLOGICAL TESTING. SUPPORTED AN EDUCATIONAL PROGRAM FOR LOW-INCOME CHILDREN THAT ADDRESSES SUMMER LEARNING LOSS AND PREPARES STUDENTS FOR SCHOOL SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW CHILDREN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR A TEMPORARY EMERGENCY SHELTER FOR ABUSED, NEGLECTED, AND/OR ABANDONED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF HALL COUNTY



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INFORM AND EQUIP FAMILIES TO ALLOW THEM TO MAKE APPROPRIATE, POSITIVE DECISIONS THAT PROMOTE STABILITY IN EMPLOYMENT AND HOUSING; PROVIDE FREE, TEMPORARY CHILD CARE FOR PARENTS SEARCHING FOR EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT DE PAUL SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FINANCIAL ASSISTANCE FOR HOUSING AND UTILITY EXPENSES TO INDIVIDUALS ACTIVELY PURSUING SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY, A GEORGIA CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INVEST IN THE NEEDS OF THE COMMUNITY, WHETHER THE NEED BE CLOTHING, FOOD, FINANCIAL ASSISTANCE OR COUNSELING.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGIA HEALTHY FAMILY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE THE PEOPLE OF GEORGIA BY ENHANCING THEIR WELL-BEING THROUGH EDUCATIONAL AND OUTREACH PROGRAMS THAT PROMOTE HEALTHY PRACTICES CONSISTENT WITH THE PRINCIPLES OF FAMILY MEDICINE.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD NEWS AT NOON

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST INDIVIDUALS EXPERIENCING HOMELESSNESS BY HELPING THEM BECOME SELF SUFFICIENT MEMBERS OF SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: GOOD WILL OF NORTH GEORGIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE JOB TRAINING AND



**Part IV** Supplemental Information

EMPLOYMENT SERVICES TO PEOPLE WHO ARE HAVING TROUBLE FINDING WORK BECAUSE OF PHYSICAL, COGNITIVE, AND EMOTIONAL DISABILITIES; POVERTY; LACK OF WORK EXPERIENCE AND MARKETABLE SKILLS; SUBSTANCE ABUSE; EX-OFFENDER STATUS AND A VARIETY OF OTHER REASONS. ALSO SERVE PEOPLE WHO WANT TO START OR GROW THEIR OWN BUSINESS.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHEIVMENT OF GEORGIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INSPIRE AND PREPARE YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. BY BRINGING REAL-WORLD RELEVANCE INTO THE CLASSROOM THROUGH FOCUSED CURRICULUM FACILITATED BY POSITIVE ADULT ROLE MODELS FROM THE BUSINESS COMMUNITY, JA EQUIPS STUDENTS WITH THE SKILLS AND KNOWLEDGE THEY WILL NEED TO ACHIEVE THEIR FULL POTENTIAL IN THE FUTURE. JA PROGRAMS FOCUS ON KEY CONCEPTS AROUND WORK READINESS, ENTREPRENEURSHIP AND FINANCIAL LITERACY THROUGH HANDS-ON CURRICULUM, WHILE ALSO EXPOSING STUDENTS TO THE MANY CAREER OPPORTUNITIES AND EDUCATIONAL PATHWAYS AVAILABLE TO THEM. THESE EXPERIENCES ENCOURAGE CONFIDENCE, SHIFT ATTITUDES, RAISE ASPIRATIONS, AND MOTIVATE YOUNG PEOPLE TO ACHIEVE THEIR PERSONAL, EDUCATIONAL, AND CAREER GOALS.

NAME OF ORGANIZATION OR GOVERNMENT: SHINE (BRENEAU RISE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP LOW-INCOME CHILDREN CAP SUMMER LEARNING LOSS THROUGH INNOVATIVE PROGRAMMING AND WITH AN EMPHASIS ON HEALTH, NUTRITION, AND CULTURAL AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH GEORGIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE UNIVERSITY OF NORTH GEORGIA FOUNDATION, INC. SUPPORTS THE MISSION OF THE UNIVERSITY OF NORTH GEORGIA



**Part IV** Supplemental Information

BY PROMOTING PHILANTHROPY FROM ALL CONSTITUENTS, MANAGING AND INVESTING  
ITS ASSETS RESPONSIBLY, PROVIDING FINANCIAL ASSISTANCE FOR STUDENTS,  
FACULTY AND STAFF, AND SERVING IN AN ADVISORY ROLE TO THE PRESIDENT OF  
THE UNIVERSITY.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF HALL COUNTY, INC.** Employer identification number **58-6011393**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,875	ESTIMATED FAIR VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	10,054	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED ADVER)	X	1	10,000	ESTIMATED FAIR VALUE
26 Other ▶ (DONATED ACCOU)	X	1	9,918	ESTIMATED FAIR VALUE
27 Other ▶ (DONATED HAND)	X	0	4,734	ESTIMATED FAIR VALUE
28 Other ▶ (DONATED FOOD)	X	3	2,559	ESTIMATED FAIR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020



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

**PART I, OTHER TYPES OF PROPERTY:**

**DONATED HEATERS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUE

**SCHEDULE M, LINE 32B:**

THE ORGANIZATION USES A THIRD PARTY INVESTMENT BROKER TO FACILITATE THE RECEIPT AND LIQUIDATION OF DONATED SECURITIES.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF HALL COUNTY, INC.

Employer identification number

58-6011393

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

AND CONTINUES THROUGHOUT LIFE. OUR ASPIRATION IS THAT ALL RESIDENTS OF  
HALL COUNTY WILL HAVE OPPORTUNITIES TO LEARN WHICH HELP THEM ACHIEVE  
THEIR POTENTIAL. THEREFORE, WE WILL INVEST IN:

1. EARLY LEARNING

2. THE WELL-BEING OF SCHOOL AGE CHILDREN AND ADOLESCENTS

3. BASIC LITERARY AND COMPREHENSION DEVELOPMENT SKILLS

INCOME - SUPPORTING FAMILIES WHILE THEY ACTIVELY ACHIEVE FINANCIAL  
STABILITY AND INDEPENDENCE. WE BELIEVE FAMILIES AND INDIVIDUALS FACE  
OBSTACLES TO ACHIEVING FINANCIAL STABILITY AND INDEPENDENCE. OUR  
ASPIRATION IS THAT ALL RESIDENTS OF HALL COUNTY HAVE OPPORTUNITIES TO  
MEET THEIR BASIC NEEDS AND SELF-SUFFICIENCY. THEREFORE, WE WILL INVEST  
IN:

1. RESOURCES PROVIDING FOOD, SHELTER AND CLOTHING

2. ADDRESSING BARRIERS TO SELF-SUFFICIENCY

3. PROMOTION OF FINANCIAL SECURITY

HEALTH - IMPROVING PEOPLE'S PHYSICAL, MENTAL AND SOCIAL WELL-BEING. WE  
BELIEVE IN IMPROVING EVERYONE'S HEALTH AND SAFETY. OUR ASPIRATION IS  
THAT ALL RESIDENTS OF HALL COUNTY ARE HEALTHY AND SAFE. THEREFORE, WE  
WILL INVEST IN:

1. EFFORTS TO BREAK THE CYCLE OF DOMESTIC VIOLENCE, ABUSE AND  
NEGLECT

2. IMPROVING ACCESS TO PRIMARY MEDICAL, BEHAVIORAL AND DENTAL CARE

3. PREVENTION OF AND INTERVENTION IN UNSAFE OR UNHEALTHY BEHAVIORS



Name of the organization

UNITED WAY OF HALL COUNTY, INC.

Employer identification number

58-6011393

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

THE PURPOSE OF THE ONE HALL PROGRAM IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY SEEKING TO UNDERSTAND POVERTY FROM THE PERSPECTIVE OF OUR MOST VULNERABLE CITIZENS. WE WORK SIDE-BY-SIDE WITH LOCAL CHURCHES AND PUBLIC, PRIVATE AND NON-PROFIT SECTORS TO TACKLE THE ROOT CAUSES OF POVERTY IN A HOLISTIC AND SUSTAINABLE MANNER. WE STUDY EXISTING STATISTICS AND WORK DIRECTLY WITH THOSE EXPERIENCING POVERTY TO DEVELOP STRATEGIES THAT MUST BE UNDERSTOOD AND ADDRESSED AT A HIGH LEVEL BY THE COMMUNITY-AT-LARGE.

EXPENSES \$ 52,097. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE ORGANIZATION FOR APPROVAL PRIOR TO SUBMISSION. A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND ANY CRITICAL PARTS ARE DISCUSSED AT A BOARD MEETING PRIOR TO FINAL APPROVAL AND SUBMISSION OF THE 990 BY THE PRESIDENT.

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

THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH CONFLICT OF INTEREST POLICY. ALL EMPLOYEES, BOARD MEMBERS AND COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER CONFLICT OF INTEREST AND ALL MATERIAL FACTS TO THE DIRECTOR AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

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



Name of the organization <b>UNITED WAY OF HALL COUNTY, INC.</b>	Employer identification number <b>58-6011393</b>
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THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE FOR THE ORGANIZATION. THEY ARE CHARGED WITH CONDUCTING THE ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT. THE PRESIDENT'S ANNUAL SALARY IS DETERMINED BASED ON PERFORMANCE FROM THE PREVIOUS YEAR AS WELL AS REVIEW OF OTHER UNITED WAYS IN SAME GEOGRAPHICAL AREA AND SIZE. THE EXECUTIVE COMMITTEE WILL PROVIDE AN ANNUAL COMPENSATION REPORT TO THE BOARD OF DIRECTORS. ALL COMPENSATION WILL BE INCLUDED IN THE ANNUAL BUDGET AND SUBJECT TO APPROVAL BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS.

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

THE PUBLIC CAN VIEW THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ON THE WEBSITE.

UPON REQUEST THE PUBLIC CAN RECEIVE GOVERNING DOCUMENTS, SUCH AS THE BYLAWS AND POLICIES SUCH AS CONFLICT OF INTEREST AND FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C OVERSIGHT PROCESS

NO CHANGE FROM PRIOR YEAR.