

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 01/01, 2010, and ending 12/31, 20 10

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization UNITED WAY OF CENTRAL ALABAMA INC
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 320189
 City or town, state or country, and ZIP + 4
Birmingham, AL 35232-0189

D Employer identification number
63-0288846

E Telephone number
205-323-0000

F Name and address of principal officer: John A Langloh
PO Box 320189, Birmingham, AL 35232-0189

G Gross receipts \$ 46,690,470

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

H(c) Group exemption number ▶ _____

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

J Website: ▶ www.uwca.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1955 **M** State of legal domicile: AL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>United Way of Central Alabama's most significant activities center on education, income and health.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	70
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	70
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	131
	6	Total number of volunteers (estimate if necessary)	6	719
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 44,973,827	Current Year 45,211,557
	9	Program service revenue (Part VIII, line 2g)	614,010	712,273
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	841,731	-922,993
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,513	12,056
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,455,081	45,012,893
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,502,477	29,880,701
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,738,141	6,398,997
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,765,960</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,030,055	10,474,601
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	45,270,673	46,754,299	
19	Revenue less expenses. Subtract line 18 from line 12	1,184,408	-1,741,406	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 83,105,735	End of Year 85,482,342
	21	Total liabilities (Part X, line 26)	15,372,353	16,657,385
	22	Net assets or fund balances. Subtract line 21 from line 20	67,733,382	68,824,957

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Kelly Carlton, Executive VP & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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 to any question in this Part III

1 Briefly describe the organization's mission:
Increase the organized capacity of people to care for one another and to improve their community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19,881,596 including grants of \$ 10,147,462) (Revenue \$ 8,484,799)
Health - UWCA and its partners target childhood obesity, the uninsured, childhood immunizations, substance abuse, family violence, oral health and other emerging issues voice by the community. The health risks and the potential effects they have start before birth. Our programs enable more people to improve the quality of their healthcare.

4b (Code:) (Expenses \$ 8,603,572 including grants of \$ 7,315,594) (Revenue \$ 747,341)
Income - UWCA is working to reduce the number of lower-income families who are financially unstable. The programs are supported by UWCA partner agencies and through its own Financial Stability Partnerships. UWCA's Financial Stability Partnership was created to strengthen communities by identifying and tackling the underlying causes of the financial hardship facing today's families. UWCA brings together cross-sector partners to help lower-income individuals and families achieve financial independence by empowering them with the tools and skills necessary to maximize their income, build savings and gain assets.

4c (Code:) (Expenses \$ 7,095,107 including grants of \$ 6,281,141) (Revenue \$ 368,118)
Education - From quality childcare to dropout prevention programs, UWCA is using its collective resources to promote programs that support the entire education continuum. Children start learning at birth; the foundation of future learning is laid in the first few years. Disadvantaged children come to school at least two years behind their peers in pre-reading skills, and most never catch up. By 3rd grade, a child's grades and absenteeism rates can predict with 90% accuracy whether he or she will complete high school. Funding is strategically targeted to children and youth programs in our community that support the education goals of the community and support education success for the child.

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 2
(Expenses \$ 6,329,975 including grants of \$ 5,932,207) (Revenue \$ 0)

4e Total program service expenses ▶ 41,910,250

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, XII, and XIII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	131		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓		
b	If "Yes," enter the name of the foreign country: ► <u>Cayman Islands, British Virgin Islands</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 70	
b Enter the number of voting members included in line 1a, above, who are independent	1b 70	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Kelly L Carlton, (205)458-2090
3600 8th Avenue South, Birmingham, AL 35222

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
George C Lynn Chairman of the Board	20	✓		✓				0	0	0
Charles W Jones Vice Chairman of the Board	20	✓						0	0	0
A Mac Jones Sr Immediate Past Chairman of the Board	1	✓						0	0	0
Alice M Williams Secretary	5	✓		✓				0	0	0
Terry D Kellogg Treasurer	1	✓		✓				0	0	0
John A Langloh President & CEO	40	✓		✓			265,898	0	37,499	
Steven H Barry CPA Executive Committee Member	1	✓						0	0	0
Richard Bielen Executive Committee Member	1	✓						0	0	0
Todd Carlisle Executive Committee Member	1	✓						0	0	0
Alfonso Denson Executive Committee Member	1	✓						0	0	0
William F Hamilton Jr Executive Committee Member	1	✓						0	0	0
Sheryl W Kimerling Executive Committee Member	1	✓						0	0	0
Gene Kirkconnell Executive Committee Member	1	✓						0	0	0
Dudley C Reynolds Executive Committee Member	1	✓						0	0	0
Charles S Caldwell III Board Member	1	✓						0	0	0
Carol E Clarke Board Member	1	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
David M Fields Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Victor T Adamo Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Curtis Capps Board Member	1	<input checked="" type="checkbox"/>						0	0	0
James W Childs Jr Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Nancy E Dunlap MD PhD Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Nancy Collat Goedecke Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Randall W Jordan Board Member	1	<input checked="" type="checkbox"/>						0	0	0
P Kay Kornmeier Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Charles D McCrary Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Richard Murray IV Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Charles W Raine Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Allen W Ritchie Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Isabel Scarinci PhD MPH Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Edmund K Seibels Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Beth Thorne Stukes Board Member	1	<input checked="" type="checkbox"/>						0	0	0
T Charles Tickle Board Member	1	<input checked="" type="checkbox"/>						0	0	0

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Samuel M Tortorici Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Macaroy Underwood Board Member	1	<input checked="" type="checkbox"/>						0	0	0
W Haig Wright II Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Neeysa Biddle Board Member	1	<input checked="" type="checkbox"/>						0	0	0
William Blackman Jr Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Walter Body Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Eleanor Griffin Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Mallie Ireland Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Sandy Killion Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Michael Luce Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Lucy Thompson Marsh Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Fred McCallum Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Bill Morton Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Alan Rogers Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Frank Sottosanti Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Shane Spees Board Member	1	<input checked="" type="checkbox"/>						0	0	0

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Yolando Northorp Sullivan Board Member	1	<input checked="" type="checkbox"/>						0	0	0
C Reynolds Thompson Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Quittie Wilson Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Micah Zeno Board Member	1	<input checked="" type="checkbox"/>						0	0	0
W Lee Thuston Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Julius Weyman Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Donta Wilson Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Robert B Aland Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Charles Ball Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Nelson Bean Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Marlena Cunningham Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Marquita Furness Davis PhD Board Member	1	<input checked="" type="checkbox"/>						0	0	0
William K Holbrook Board Member	1	<input checked="" type="checkbox"/>						0	0	0
James F Hughey Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Gordon Martin Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Susan Matlock Board Member	1	<input checked="" type="checkbox"/>						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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Frank R Miller Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Linda Nelson Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Raymond W Perez Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Taylor Pursell Board Member	1	<input checked="" type="checkbox"/>						0	0	0
James C Smith Board Member	1	<input checked="" type="checkbox"/>						0	0	0
William C Taylor Board Member	1	<input checked="" type="checkbox"/>						0	0	0
Kelly L Carlton Executive VP Finance & CFO	40			<input checked="" type="checkbox"/>				139,365	0	17,065
Ellyn Grady Sr VP Resource Development	40					<input checked="" type="checkbox"/>		123,410	0	12,120
Harry Brown Sr VP Community Planning & Initiatives	40					<input checked="" type="checkbox"/>		114,888	0	12,464
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								643,561	0	79,148

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 4**

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
See Schedule O, Statement 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 1**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	1,421,513				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	8,770,154				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,019,890				
	g	Noncash contributions included in lines 1a-1f: \$		21,450				
	h	Total. Add lines 1a-1f		45,211,557				
Program Service Revenue				Business Code				
	2a	Sales & service to the public		561000	448,299	448,299	0	
	b	Rental income - agencies		531120	147,108	147,108	0	
	c	Campaign management fees		900099	116,866	116,866	0	
	d							
	e							
	f	All other program service revenue .			0	0	0	
g	Total. Add lines 2a-2f			712,273				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		698,552	0	0	698,552	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					0	0		
	b	Less: cost or other basis and sales expenses	1,598,328	23,217				
	c	Gain or (loss)	-1,598,328	-23,217				
	d	Net gain or (loss)			-1,621,545	0	0	-1,621,545
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	26,355				
	b	Less: direct expenses	b	56,032				
c	Net income or (loss) from fundraising events			-29,677	0		-29,677	
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
11a	Cost recovery fees on designated pledge		561000	24,293	24,293	0	0	
b	Miscellaneous		900099	17,440	17,440	0	0	
c								
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			41,733				
12	Total revenue. See instructions.			45,012,893	754,006	0	-952,670	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	29,786,897	29,786,897		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	93,804	93,804		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	392,756	78,551	301,530	12,675
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	4,301,750	1,950,229	885,763	1,465,758
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	650,901	254,770	182,203	213,928
9	Other employee benefits	663,231	361,776	136,219	165,236
10	Payroll taxes	390,359	167,823	88,444	134,092
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	14,649	13,027	1,622	0
c	Accounting	105,449	62,564	42,885	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	58,212	3,763	54,449	0
g	Other	807,735	774,991	25,193	7,551
12	Advertising and promotion	580,366	468,353	70,023	41,990
13	Office expenses	892,848	442,294	150,927	299,627
14	Information technology	84,490	25,444	46,213	12,833
15	Royalties	0	0	0	0
16	Occupancy	276,024	74,246	102,214	99,564
17	Travel	287,955	214,292	17,910	55,753
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	19,568	8,168	3,590	7,810
20	Interest	0	0	0	0
21	Payments to affiliates	374,259	159,569	95,539	119,151
22	Depreciation, depletion, and amortization	308,083	200,436	100,647	7,000
23	Insurance	70,985	36,880	32,623	1,482
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	<u>Allocation of technology expenses reported</u>	0	152,497	-266,368	113,871
b	<u>Medical/health services</u>	5,963,789	5,963,789	0	0
c	<u>Initiative funding</u>	360,274	360,274	0	0
d	<u>Emergency financial assistance</u>	120,825	120,825	0	0
e	<u>Training/screening</u>	24,885	24,885	0	0
f	All other expenses	124,205	110,103	6,463	7,639
25	Total functional expenses. Add lines 1 through 24f	46,754,299	41,910,250	2,078,089	2,765,960
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	318,137	1	283,479	
	2 Savings and temporary cash investments	18,079,847	2	16,636,537	
	3 Pledges and grants receivable, net	33,385,793	3	34,191,272	
	4 Accounts receivable, net	658,578	4	1,368,799	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0	
	7 Notes and loans receivable, net	243,686	7	230,081	
	8 Inventories for sale or use	18,558	8	19,368	
	9 Prepaid expenses and deferred charges	69,847	9	35,866	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,226,081			
	b Less: accumulated depreciation	10b 4,965,019	3,513,382	10c	3,261,062
	11 Investments—publicly traded securities	13,281,339	11	19,046,075	
	12 Investments—other securities. See Part IV, line 11	11,018,696	12	8,023,840	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	2,517,872	15	2,385,963	
16 Total assets. Add lines 1 through 15 (must equal line 34)	83,105,735	16	85,482,342		
Liabilities	17 Accounts payable and accrued expenses	10,776,471	17	11,448,130	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities. Complete Part X of Schedule D	4,595,882	25	5,209,255	
	26 Total liabilities. Add lines 17 through 25	15,372,353	26	16,657,385	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	28,849,304	27	29,115,027	
	28 Temporarily restricted net assets	34,678,985	28	35,360,594	
	29 Permanently restricted net assets	4,205,093	29	4,349,336	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	67,733,382	33	68,824,957	
34 Total liabilities and net assets/fund balances	83,105,735	34	85,482,342		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,012,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,754,299
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,741,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,733,382
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,832,981
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	68,824,957

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization UNITED WAY OF CENTRAL ALABAMA INC	Employer identification number 63-0288846
--	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	56,052,306	46,010,578	45,265,035	44,973,827	45,211,556	237,513,302
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	56,052,306	46,010,578	45,265,035	44,973,827	45,211,556	237,513,302
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)						0
6 Public support. Subtract line 5 from line 4.						237,513,302

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	56,052,306	46,010,578	45,265,035	44,973,827	45,211,556	237,513,302
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,008,730	1,250,369	1,281,214	815,212	698,552	5,054,077
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	111,769	582,413	710,938	62,011	41,733	1,508,864
11 Total support. Add lines 7 through 10						244,076,243
12 Gross receipts from related activities, etc. (see instructions)				12		3,555,974
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.31 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.88 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF CENTRAL ALABAMA INC

63-0288846

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 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, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues included in Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in 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 are a 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 programs
- e** Other _____

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	11,662,443	10,215,775	11,570,673		
b Contributions	213,015	115,616	1,220,378		
c Net investment earnings, gains, and losses	848,963	1,627,314	-2,223,146		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	132,058	242,792	302,660		
f Administrative expenses	55,503	53,470	49,470		
g End of year balance	12,536,860	11,662,443	10,215,775		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **▶** 58 %
- b** Permanent endowment **▶** 4 %
- c** Term endowment **▶** 38 %

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

	Yes	No
(i) unrelated organizations	✓	
(ii) related organizations		✓

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

3b **Yes** **No**

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	219,630		219,630
b Buildings	1,605,901	1,322,811	1,049,546	1,879,166
c Leasehold improvements	0	3,285,246	2,412,222	873,024
d Equipment	0	1,764,975	1,501,257	263,718
e Other	0	27,518	1,994	25,524

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **▶** 3,261,062

Part VII Investments—Other Securities. 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	8,023,840	End-of-Year Market Value
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	8,023,840	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Liability for pension benefits	2,124,094
(3) Reserve for AFI programs	1,278,419
(4) Reserve for self-insurance plan	1,221,859
(5) Postretirement benefit liability	492,942
(6) Other liabilities	91,941
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,209,255

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 45,012,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 46,754,299
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 -1,741,406
4	Net unrealized gains (losses) on investments	4 3,184,150
5	Donated services and use of facilities	5 0
6	Investment expenses	6 0
7	Prior period adjustments	7 0
8	Other (Describe in Part XIV.)	8 -351,169
9	Total adjustments (net). Add lines 4 through 8	9 2,832,981
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 1,091,575

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1 43,608,618
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 3,184,150
b	Donated services and use of facilities	2b 91,163
c	Recoveries of prior year grants	2c 0
d	Other (Describe in Part XIV.)	2d -4,709,265
e	Add lines 2a through 2d	2e -1,433,952
3	Subtract line 2e from line 1	3 45,042,570
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 0
b	Other (Describe in Part XIV.)	4b -29,677
c	Add lines 4a and 4b	4c -29,677
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 45,012,893

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 42,147,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 91,163
b	Prior year adjustments	2b 0
c	Other losses	2c 0
d	Other (Describe in Part XIV.)	2d 29,677
e	Add lines 2a through 2d	2e 120,840
3	Subtract line 2e from line 1	3 42,026,896
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 92,810
b	Other (Describe in Part XIV.)	4b 4,634,593
c	Add lines 4a and 4b	4c 4,727,403
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 46,754,299

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - The endowment of United Way of Central Alabama (UWCA) is made up of assets committed to the long-term or perpetual use of UWCA where the principal is invested and the earnings from the gift are used to fund specified projects or programs as determined by the intent of the donor within the guidelines and direction of the Board of Directors. Funds generated by the endowment support four focus areas of UWCA's mission: (1) supporting health and human services to assist partners expect their outreach in the community; (2) addressing emerging needs by bringing area organizations and leaders together to address issues specifically identified as prevalent in the community; (3) offering crisis assistance and emergency preparedness following natural disasters and economic crisis; and (4) meeting the greatest needs of the community with unrestricted funds allocated by our volunteers and our Board to specific solutions for area wide issues and problems.

Schedule D, Part XI, Line 8 - Nonoperating pension costs resulting from adoption of FAS 158 of \$(369,307); Net income from affiliate of \$18,138.

Part XIV - Supplemental Information (Continued)

Schedule D, Part XII, Line 2d - Expenses recorded net of revenue for audit purposes.

Schedule D, Part XII, Line 4b - Special event expenses reported net of revenue for Form 990 purposes.

Schedule D, Part XIII, Line 2d - Special event expenses reported net of revenue for Form 990 purposes.

Schedule D, Part XIII, Line 4b - Expenses reported net of revenue for audit purposes.

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

		(a) Event #1 <u>Campaign kickoff</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	19,460			19,460
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	19,460			19,460
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	1,000			1,000
	7 Food and beverages	14,172		0	14,172
	8 Entertainment	0		0	0
	9 Other direct expenses	5,186			5,186
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(20,358)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				-898	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
63-0288846

UNITED WAY OF CENTRAL ALABAMA INC

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations **▶ 121**

3 Enter total number of other organizations **▶ 0**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - United Way of Central Alabama's (UWCA) allocation system is an entirely volunteer driven process. It is the responsibility of a volunteer Agency Impact Committee, coordinated by the Agency Impact Department, and staffed with members of all departments within UWCA. Funding is allocated amount partner agencies. The American Red Cross has a contract with UWCA that outlines a formula to determine their annual allocation amount. All other partners submit an allocation request each year that is carefully reviewed by volunteers from the community and one chairperson who is a member of the United Way Allocation Committee. Supported by UWCA staff, chairpersons conduct training sessions with team members to orient them to the process. Each team is given notebooks containing allocation requests (budget information, program details, and administrative information) from two or three agencies and is asked to carefully review the request. Team members discuss each request, prepare questions for clarification, visit assigned agencies, evaluate each request and provide feedback to the chair on their impressions of each agency. This information is compiled in a report, which the chairperson presents to the committee during an all day hearing. After funds are allocated, agencies agree to furnish UWCA with quarterly statements showing all income and expenditures. In addition, they agree to provide program budget and service data on a periodic basis in a form prescribed by UWCA's Board of Directors.

Description of Grants and Other Assistance to Governments and Organizations in the United States

	Amount of cash grant	Amount of non-cash assistance
Name and address AG Gaston Boys & Girls Club 2900 Southpark Drive SW Birmingham, AL 35211	663,351	
EIN 63-0514348		
IRC code section 501(c)(3)		
Method of valuation		
Description of non-cash assistance		
Purpose of grant General Operating Costs		
Name and address AIDS Alabama Inc 3521 7th Avenue South PO Box 55703 Birmingham, AL 35255-3521	64,843	
EIN 58-1727755		
IRC code section 501(c)(3)		
Method of valuation		
Description of non-cash assistance		
Purpose of grant General Operating Costs		
Name and address Alabama Goodwill Industries Inc 2350 Greenspings Highway Birmingham, AL 35205	62,217	
EIN 63-0288794		
IRC code section 501(c)(3)		
Method of valuation		
Description of non-cash assistance		
Purpose of grant General Operating Costs		
Name and address Alabama Head Injury Foundation Inc 3100 Lorna Road Suite 200 Birmingham, AL 35216	147,880	
EIN 63-0893496		
IRC code section 501(c)(3)		
Method of valuation		
Description of non-cash assistance		
Purpose of grant General Operating Costs		
Name and address Alabama Kidney Foundation Inc 2012 University Blvd PO Box 12505 Birmingham, AL 35202	108,165	
EIN 51-0189641		
IRC code section 501(c)(3)		
Method of valuation		
Description of non-cash assistance		
Purpose of grant General Operating Costs		
Name and address Aletheia House 201 Finley Avenue West PO Box 1514 Birmingham, AL 35201	444,481	
EIN 63-0644067		

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address American Cancer Society 685,574

1100 Ireland Way Suite 300

Birmingham, AL 35205

EIN 13-1788493

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address American Heart Association Inc 721,045

1449 Medical Park Drive

PO Box 130909

Birmingham, AL 35213

EIN 58-0566188

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address American Red Cross 3,093,222

950 22nd Street North Suite 750

Birmingham, AL 35203

EIN 53-0196605

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address ARC of Jefferson County 573,424

215 21st Avenue South

Birmingham, AL 35205

EIN 63-0375738

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address ARC of Shelby County 131,419

1960H Chandalar Drive

Pelham, AL 35124

EIN 63-0988453

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address ARC of St Clair County 93,018

282 Chula Vista Drive

Pell City, AL 35215-6293

EIN 23-7299709

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	ARC of Walker County	364,650
	745 Russell Dairy Road	
	Jasper, AL 35503	

EIN 63-0760044

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Better Basics Inc	80,892
	200 Beacon Parkway West Suite 200	
	Birmingham, AL 35209	

EIN 63-1106040

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Big Brothers Big Sisters of Greater Birmingham	378,251
	1901 14th Avenue South	
	Birmingham, AL 35205	

EIN 63-0647080

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Birmingham City Schools - Special Needs Fund	36,000
	PO Box 10007	
	2015 7th Avenue North	
	Birmingham, AL 35202-0007	

EIN 63-6000767

IRC code section government entity

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Birmingham Urban League	279,499
	1229 3rd Avenue North	
	PO Box 11269	
	Birmingham, AL 35202	

EIN 63-0516655

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Blount County Aid to Homeless Children Program	30,000
	c/o Blount County Dept of Human Resources	
	415 5th Avenue East	
	PO Box 68	
	Oneonta, AL 35121-0068	

EIN 63-1104139

IRC code section government entity

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Blount County Children's Center	106,104
-------------------------	---------------------------------	---------

106 1st Avenue West

PO Box 906

Oneonta, AL 35121

EIN 63-0900348

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Blount County Needy School Children's Fund	15,000
-------------------------	--	--------

c/o Blount County Board of Education

204 2nd Avenue East

PO Box 578

Oneonta, AL 35121-0578

EIN 63-6000773

IRC code section government entity

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Boy Scouts of America - Black Warrior Council	69,657
-------------------------	---	--------

2700 River Road NE

PO Drawer 3088

Tuscaloosa, AL 35403

EIN 63-0288816

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Boy Scouts of America - Greater Alabama Council	977,388
-------------------------	---	---------

516 Liberty Parkway

PO Box 53307

Birmingham, AL 35243

EIN 63-0288815

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Boys & Girls Club of Central Alabama Inc	624,009
-------------------------	--	---------

3821 John Williamson Drive

PO Box 10391

Birmingham, AL 35202-0391

EIN 63-0302102

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Camp Fire USA Central Alabama Council	1,014,066
-------------------------	---------------------------------------	-----------

3600 8th Avenue South

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

	Birmingham, AL 35222	
EIN	63-0498347	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Catholic Family Services 1515 12th Avenue South Birmingham, AL 35232	143,729
EIN	63-0581368	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Childcare Resources 1904 First Avenue North Birmingham, AL 35203-4006	618,521
EIN	63-0882628	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Children's Aid Society 181 West Valley Avenue Suite 300 Birmingham, AL 35209	907,543
EIN	63-0288823	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Children's Health System 1601 6th Avenue South Birmingham, AL 35233	667,780
EIN	63-0307306	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Christian Love Pantry Inc 205 Edwin Holladay Place Suite 105 Pell City, AL 35125	32,000
EIN	63-1048552	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Collat Jewish Family Services 3940 Montclair Road Suite 205 Birmingham, AL 35213	132,855
EIN	63-1015318	
IRC code section	501(c)(3)	

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Concerned Citizens for our Youth Inc	171,690
-------------------------	--------------------------------------	---------

Beacon House
PO Box 852
Jasper, AL 35502

EIN 63-0891624

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Crisis Center Inc	693,273
-------------------------	-------------------	---------

3600 8th Avenue South
Birmingham, AL 35222

EIN 63-0583947

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Developing Alabama Youth Foundation Inc	113,315
-------------------------	---	---------

11th Avenue SW and Railroad Street
PO Box 1811
Alabaster, AL 35007

EIN 63-0848101

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Easter Seals of the Birmingham Area	172,173
-------------------------	-------------------------------------	---------

200 Beacon Parkway West
Birmingham, AL 35209

EIN 63-0320188

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Family Connection Inc	197,133
-------------------------	-----------------------	---------

Highway 26 E
PO Box 535
Saginaw, AL 35137

EIN 63-0844906

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Family Resource Center of Northwest Alabama	145,026
-------------------------	---	---------

PO Box 3429
Jasper, AL 35501-3429

EIN 63-0929167

IRC code section 501(c)(3)

Method of valuation**Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Fellowship House Inc 1625 12th Avenue South Birmingham, AL 35205	232,451
-------------------------	--	---------

EIN 63-0509822**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Gateway 1401 20th Street South Birmingham, AL 35205	1,137,199
-------------------------	---	-----------

EIN 63-0288854**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Girls Incorporated of Central Alabama 5130 8th Court South PO Box 130729 Birmingham, AL 35213	820,442
-------------------------	--	---------

EIN 63-0328643**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Girls Scouts of North Central Alabama 105 Heatherbrooke Park Drive Birmingham, AL 35242-8008	588,651
-------------------------	--	---------

EIN 63-0288834**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Glenwood Inc 150 Glenwood Lane Birmingham, AL 35242	135,306
-------------------------	---	---------

EIN 23-7396710**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** General Operating Costs

Name and address	Greater Birmingham Habitat for Humanity 4408 Richard Scrusby Parkway PO Box 540 Fairfield, AL 35064	331,342
-------------------------	--	---------

EIN 63-0962910**IRC code section** 501(c)(3)**Method of valuation**

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Hispanic Interest Coalition of Alabama	103,014
-------------------------	--	---------

260 F West Valley Avenue
PO Box 190299
Birmingham, AL 35209

EIN 63-0962910

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	IMPACT Family Counseling Inc	81,430
-------------------------	------------------------------	--------

1000 24th Street South
Birmingham, AL 35205

EIN 58-2112829

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Independent Living Resources of Greater	138,333
-------------------------	---	---------

Birmingham Inc
206 13th Street North
Birmingham, AL 35233

EIN 58-2039158

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Legacy YMCA	93,635
-------------------------	-------------	--------

1501 4th Avenue SW
Bessemer, AL 35023

EIN 63-0288881

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Levite Jewish Community Center	252,072
-------------------------	--------------------------------	---------

3960 Montclair Road
Birmingham, AL 35213-6394

EIN 63-0288848

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	OASIS A Women's Counseling Center	75,789
-------------------------	-----------------------------------	--------

1900 14th Avenue South
Birmingham, AL 35205

EIN 63-1228764

IRC code section 501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant General Operating Costs

Name and address Partners in Neighborhood Growth (PING) 57,900
1345 Steiner Avenue SW
Birmingham, AL 35211

EIN 63-0827587

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address Pathways 324,109
409 Richard Arrington Jr Blvd
Birmingham, AL 35203

EIN 63-0867285

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address Positive Maturity Inc 646,449
3918 Montclair Road Suite 200
Birmingham, AL 35213

EIN 63-0590338

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address SafeHouse of Shelby County 112,990
PO Box 620
Columbiana, AL 35051

EIN 63-1007280

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address Salvation Army Birmingham Alabama 1,672,524
Area Command
2100 11th Avenue North
Birmingham, AL 35234

EIN 63-0288866

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address Salvation Army Blount County 34,338
333 Valley Road
Oneonta, AL 35121

EIN 63-0288866

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

Name and address	Salvation Army Walker County 207 20th Street East Jasper, AL 35501	92,820
EIN	63-0288866	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Shelby County Needy School Children's Fund 410 East College Street PO Box 429 Columbiana, AL 35051	11,000
EIN	63-6001081	
IRC code section	government entity	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Shelby Emergency Assistance Inc 620 Valley Street Montevallo, AL 35115	208,577
EIN	63-0816556	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Sickle Cell Disease Association of America Central Alabama Chapter 3813 Avenue I Birmingham, AL 35218-3132	137,352
EIN	63-0760935	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	St Clair Children's Advocacy Center The Children's Place 18200 AL Highway 174 Pell City, AL 35125	27,548
EIN	58-2027454	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	St Clair County Day Program Inc 795 10th Street PO Box 1653 Ashville, AL 35953	103,266
EIN	63-1211993	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	

Name and address	St Clair County Department of Human Resources 3105 15th Avenue North Pell City, AL 35125	45,507
EIN	63-1104139	
IRC code section	government entity	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	The Amelia Center 1513 4th Avenue South Birmingham, AL 35233	82,411
EIN	63-0307360	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	The Literacy Council 2301 1st Avenue North Suite 102 Birmingham, AL 35203	185,763
EIN	63-1051186	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	Travelers Aid Society of Birmingham Alabama Inc 3600 8th Avenue South Birmingham, AL 35222	246,199
EIN	63-0288873	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	United Cerebral Palsy of Greater Birmingham 120 Oslo Circle Birmingham, AL 35211	706,722
EIN	63-0307960	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	United Community Centers Inc 3617 Hickory Avenue SW Birmingham, AL 35221	86,542
EIN	63-0678752	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	General Operating Costs	
Name and address	United Way Community Food Bank 107 Walter Davis Drive Birmingham, AL 35209	249,315

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

EIN 63-0837956

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Walker County Needy School Children's Fund	6,000
-------------------------	--	-------

Walker County Board of Education

PO Box 311

Jasper, AL 35502-0311

EIN 63-6001147

IRC code section government entity

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	Workshops Inc	709,596
-------------------------	---------------	---------

4244 3rd Avenue South

Birmingham, AL 35222

EIN 63-0320201

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	YMCA of Birmingham Inc	819,950
-------------------------	------------------------	---------

2101 4th Avenue North

Birmingham, AL 35203

EIN 63-0299894

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	YWCA of Central Alabama	1,497,889
-------------------------	-------------------------	-----------

309 23rd Street North

Birmingham, AL 35203

EIN 63-0288882

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant General Operating Costs

Name and address	CASA of Shelby County	12,518
-------------------------	-----------------------	--------

PO Box 1936

Columbiana, AL 35051

EIN 00-0000000

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Catholic Charities	15,125
-------------------------	--------------------	--------

PO Box 12047

Birmingham, AL 35202

EIN 63-0581368

IRC code section 501(c)(3)

Method of valuation**Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	Grace House Ministries	5,750
	PO Box 547	
	Fairfield, AL 35064	

EIN 57-0903169**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	Kid One Transport	46,411
	PO Box 360943	
	Birmingham, AL 35236	

EIN 63-1165579**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	Lakeside Hospice	9,799
	PO Box 1090	
	Pell City, AL 35125	

EIN 63-1035850**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	Mitchell's Place	50,000
	4778 Overton Road	
	Irondale, AL 35210	

EIN 20-1056421**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	The Bell Center for Early Intervention	8,135
	1700 29th Court South	
	Birmingham, AL 35209	

EIN 63-1244330**IRC code section** 501(c)(3)**Method of valuation****Description of non-cash assistance****Purpose of grant** Donor Designated for General Support

Name and address	UAB Comprehensive Cancer Center	5,500
	c/o UAB Health System	
	1530 3rd Avenue South	
	Birmingham, AL 35294-3300	

EIN 63-1182994**IRC code section** 501(c)(3)**Method of valuation****Description of non-**

cash assistance

Purpose of grant Donor Designated for General Support

Name and address Chilton County United Way 11,719
PO Box 1104
Clanton, AL 35046-1104

EIN 63-0912405

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address River Region United Way 14,428
PO Box 6135
Montgomery, AL 36106-0135

EIN 63-0330778

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address United Way of Metropolitan Atlanta 12,569
100 Edgewood Avenue NE
Atlanta, GA 30303

EIN 58-0566194

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address United Way of the National Capital Area 8,981
8391 Old Courthouse Road Suite 200
Vienna, VA 22182

EIN 53-0234290

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address United Way of Southwest Alabama Inc 5,346
PO Drawer 89
Mobile, AL 36601-0089

EIN 63-0351568

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address United Way of West Alabama Inc 11,221
PO Box 2291
Tuscaloosa, AL 35403-2291

EIN 63-0321464

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Wiregrass United Way Inc 6,058

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

PO Box 405
Dothan, AL 36302-0405

EIN 63-6000270

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Birmingham Jewish Federation Inc 13,044
3966 Montclair Road
Birmingham, AL 35213

EIN 63-1045456

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Ronald McDonald House Charities of Alabama 51,965
1700 4th Avenue South
Birmingham, AL 35233

EIN 63-0753358

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address AID for Africa 5,439
PO Box 8734
Topeka, KS 66608

EIN 06-1703295

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address American Red Cross 7,572
CFC PO Box 73857
Chicago, IL 60673-7857

EIN 53-0196605

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address America's Charities 37,216
Suntrust Bank Wholesale Department
Lockbox 79570
Baltimore, MD 21279

EIN 54-1517707

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Animal Charities of America 25,575
PO Box 45754
San Francisco, CA 94145

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

EIN 94-3193389

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address CancerCURE of America 22,505

Care Understand Research & End

PO Box 45754

San Francisco, CA 94145

EIN 81-0648432

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Children First - America's Charities 12,275

Suntrust Bank Wholesale Department

Lockbox 79570

Baltimore, MD 21279

EIN 30-0186795

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Children's Charities of America 19,031

PO Box 45754

San Francisco, CA 94145

EIN 94-3148588

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Children's Medical Charities of America 9,824

PO Box 45754

San Francisco, CA 94145

EIN 27-0093393

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Christian Charities USA Federation 17,143

PO Box 45754

San Francisco, CA 94145

EIN 94-3255961

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Christian Service Charities 35,665

PO Box 79704

Baltimore, MD 21279

EIN 94-3193374

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Community Health Charities of Alabama 124,607

3918 Montclair Road Suite 210

Birmingham, AL 35213

EIN 63-0474320

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Community Health Charities 104,646

PO Box 75153

Baltimore, MD 21275

EIN 13-6167225

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Do Unto Others America's Emergency Relief 6,055

Development and Humanitarian Outreach Charities

PO Box 45754

San Francisco, CA 94145

EIN 94-3148590

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address EarthShare 6,426

Department 4011

Washington, DC 20042-4011

EIN 52-1601960

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Global Impact 16,657

PO Box 409616

Atlanta, GA 30384

EIN 52-1273585

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Health & Medical Research Charities of America 39,896

PO Box 45754

San Francisco, CA 94145

EIN 94-3217739

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address Health & Medical Research Charities of America 39,896

PO Box 45754

San Francisco, CA 94145

EIN 94-3217739

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Health First - America's Charities	8,101
	Suntrust Bank Wholesale Department	
	Lockbox 79570	
	Baltimore, MD 21279	

EIN 30-0186796

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Human Care Charities of America	6,108
	PO Box 45754	
	San Francisco, CA 94145	

EIN 94-3067804

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Big Oak Ranch Inc	34,724
	PO Box 507	
	Springville, AL 35146	

EIN 23-7413017

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Children's Village Inc	15,340
	2001 18th Street SW	
	Birmingham, AL 35211	

EIN 63-6061834

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Downtown Jimmie Hale Mission	13,336
	PO Box 10472	
	Birmingham, AL 35202-0472	

EIN 63-0358757

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Greater Birmingham Humane Society	14,836
	300 Snow Drive	
	Birmingham, AL 35209	

EIN 63-0288810

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Schedule I, Part IV, Statement 1

UNITED WAY OF CENTRAL ALABAMA INC

Purpose of grant	Donor Designated for General Support	
Name and address	Greater Birmingham Ministries Inc 2304 12th Avenue N Birmingham, AL 35234	7,192
EIN	63-0577439	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designated for General Support	
Name and address	Hand in Paw Inc 1912 14th Avenue S Birmingham, AL 35205	6,890
EIN	63-1190375	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designated for General Support	
Name and address	Make a Wish Foundation of Georgia and Alabama Inc 1775 The Exchange SE Suite 200 Atlanta, GA 30339	9,269
EIN	58-2146828	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designated for General Support	
Name and address	Save a Life East Inc 1120 Gadsden Highway Birmingham, AL 35235	6,223
EIN	63-1030129	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designated for General Support	
Name and address	Social Security Administration Birmingham Child Development Center 1200 Rev Abraham Woods Jr Blvd c/o Eleanor B Holt Birmingham, AL 35285	6,833
EIN	39-2055122	
IRC code section	501(c)(3)	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designated for General Support	
Name and address	United Negro College Fund Inc 601 19th Street N Centennial Place 2nd floor Birmingham, AL 35203	19,260
EIN	13-1624241	
IRC code section	501(c)(3)	
Method of valuation		

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Medical Research Charities	18,105
	PO Box 79703	
	Baltimore, MD 21279-9703	

EIN 94-3148591

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Military Veterans & Patriotic Service	22,203
	Organizations of America	
	PO Box 45754	
	San Francisco, CA 94145	

EIN 94-3193418

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	National Black Federation of Charities	6,669
	40 Clinton Street - 5th floor	
	Newark, NJ 07102	

EIN 95-2970559

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Catholic Charities USA	5,196
	66 Canal Center Plaza	
	Suite 600	
	Alexandria, VA 22314	

EIN 53-0196620

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Name and address	Women Children and Family Service	7,764
	Charities of America	
	PO Box 45754	
	San Francisco, CA 94145	

EIN 94-3193386

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designated for General Support

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	Basic needs assistance provided to individuals in Central Alabama. Assitance was paid directly to company and/or vendor providing the needed service instead of the individual to guarantee the funds were used as requested.	91	88,805	0
Method of valuation				
Description of non-cash assistance				

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

UNITED WAY OF CENTRAL ALABAMA INC

Employer identification number

63-0288846

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	253,500	0	12,398	25,604	12,894	304,396	0
	(ii)	0	0	0	0	0	0	0
2	(i)	139,256	0	109	18,294	0	157,659	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL ALABAMA INC

Employer identification number

63-0288846

Form 990, Part VI, Section B, Line 11a - A copy of the Form 990 is provided to the audit committee for review and approval. After the audit committee reviews and approves the form, the form is presented to the board of directors. The review and approval of the audit committee is completed prior to the filing of the Form 990.

Form 990, Part VI, Section B, Line 12c - Each board and committee member is required to sign a conflict of interest policy statement annually. In the event there comes before the board of directors or any committee, a matter for consideration or decision that raises a potential conflict of interest for any board or committee member, the member shall disclose the potential conflict as soon as he or she becomes aware of it and shall abstain from voting in connection with any such conflict.

Form 990, Part VI, Section B, Line 15 - The UWCA executive compensation program is administered by the Compensation Committee of the Board of Directors. The Compensation Committee is responsible for establishing and maintaining a competitive compensation program for the key executives of the organization. The Committee meets at least annually to review the performance of the Chief Executive Officer and other senior executives and to evaluate the current compensation program. Following this review, the Committee then makes recommendations to the Board of Directors regarding the compensation of the Chief Executive Officer and selected other key executives with respect to base salaries and annual incentive opportunity adjustments, as well as with respect to objectives and goals for the upcoming year's annual incentive plan.

Form 990, Part VI, Section C, Line 19 - The annual report is available to the general public on the organization's website. Any additional information may be requested from the organization's communication department.

Form 990, Part XI, Line 5 - Other changes in net assets consists of (1) net income from affiliated entity included in consolidated audited financial statements which files its own Form 990; (2) nonoperating pension costs; and (3) net unrealized gain on investments.

Reasonable Cause Explanations

Explanation

The organization filed a second extension request by the extended due date of August 15, 2011. However, a statement explaining why additional time is needed was not provided. The organization received notice that the extension was denied via mail on September 26, 2011. Upon receipt of the notice, the organization gathered information and filed as quickly as possible. The organization requests that no penalties be assessed as this was a one time omittance that will not occur in the future.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Access to services - UWCA has been significantly involved in building a statewide information network, 2-1-1 Connects Alabama, an innovative information and referral strategy that ensures that all people have the ability to connect with available resources in their communities. In underserved communities there are concerns there is not adequate capacity to provide a full range of services to all neighborhood residents. 2-1-1 provides referrals for basic needs such as food, shelter, clothing and day care. In addition, 2-1-1 collaborates with other organizations to provide specialized time sensitive information on income tax assistance, disaster relief, mortgage, foreclosure prevention, disease outbreaks and more.	4,094,857	3,837,542	0
	Designations paid by donor request to non-member agencies	1,327,927	1,327,927	0
	Other special designations to member agencies and initiatives that are not identified in one of the organization's core activities.	907,191	766,738	0
Total:		6,329,975	5,932,207	0

Contractor Compensation

Name and address:	Description Of Services	Compensation
Frost Cummings Tidwell Group 2001 Park Place North Suite 900 Birmingham, AL 35203	accounting/auditing services	147,732
Total:		147,732

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

UNITED WAY OF CENTRAL ALABAMA INC

Employer identification number

63-0288846

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Hands on Birmingham Inc (63-1207098) PO Box 320189, Birmingham, AL 35242-0189	providing volunteer	AL	501(c)(3)	509(a)(1)	N/A		✓
(2) Community Partnership of Alabama Inc (27-1801693) PO Box 320189, Birmingham, AL 35232-0189	Support of United Wa	AL	501(c)(3)	509(a)(3)	United Way of Central Alabama Inc	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

