

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL ALABAMA, INC. Doing business as		D Employer identification number 63-0288846
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 320189		E Telephone number 205-251-5131
	City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35232-0189		G Gross receipts \$ 64,856,431.
	F Name and address of principal officer: JOHN A. LANGLOH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

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: UNITED WAY OF CENTRAL ALABAMA'S MOST SIGNIFICANT ACTIVITIES CENTER ON EDUCATION, INCOME, HEALTH, AND		
	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	56
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	189
	6 Total number of volunteers (estimate if necessary)	6	6577
	7 a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	56,743,290.	59,834,934.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	533,882.	714,338.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,638,027.	1,441,984.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	301,662.	366,580.
		59,216,861.	62,357,836.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,713,067.	46,416,623.
	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)	7,505,137.	6,543,541.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,400,368.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,120,437.	10,914,759.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,338,641.	63,874,923.	
19 Revenue less expenses. Subtract line 18 from line 12	1,878,220.	-1,517,087.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	92,507,874.	90,353,699.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,243,385.	20,801,444.
	70,264,489.	69,552,255.	

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 & COO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MEGAN RANDOLPH	Preparer's signature	Date 11/06/17	Check if self-employed <input type="checkbox"/>	PTIN P00989558
	Firm's name ▶ WARREN AVERETT, LLC	Firm's EIN ▶ 45-4084437	Phone no. 205-979-4100		
	Firm's address ▶ 2500 ACTON ROAD BIRMINGHAM, AL 35243				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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 [X] No

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

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

4a (Code:) (Expenses \$ 32,609,914. including grants of \$ 22,613,378.) (Revenue \$ 0.) HEALTH - UWCA AND ITS PARTNERS TARGET EMERGING HEALTH ISSUES IMPACTING OUR COMMUNITY SUCH AS CHILDHOOD OBESITY, CHRONIC DISEASES, THE UNINSURED, CHILDHOOD IMMUNIZATIONS, SUBSTANCE ABUSE, FAMILY VIOLENCE, AND ORAL HEALTH. UNITED WAY HEALTH COMMUNITIES INITIATIVE PARTNERS IN THE SAFE ROUTES TO SCHOOL PROGRAM WITH THE WALKING SCHOOL BUS PROGRAM, BICYCLE SAFETY RODEOS AND OTHER ACTIVITIES TO PROMOTE SAFE, HEALTHY EXERCISE AND REDUCED TRAFFIC EMISSIONS. IN 2016, SAFE ROUTES TO SCHOOL PARTNERED WITH 28 SCHOOLS AND PARTICIPATED IN 65 COMMUNITY-WIDE EVENTS, IMPACTING 7,551 CHILDREN.

4b (Code:) (Expenses \$ 10,936,954. including grants of \$ 10,819,539.) (Revenue \$ 0.) INCOME - UWCA IS WORKING TO REDUCE THE NUMBER OF LOWER-INCOME FAMILIES WHO ARE FINANCIALLY UNSTABLE. UWCA SUPPORTS PARTNER AGENCIES AND IMPLEMENTS THE FINANCIAL STABILITY PARTNERSHIP INITIATIVE, WHICH WAS CREATED TO STRENGTHEN COMMUNITIES BY IDENTIFYING AND TACKLING THE UNDERLYING CAUSES OF FINANCIAL HARDSHIP FACING TODAY'S LOW-INCOME FAMILIES. UWCA, WITH MORE THAN 100 PARTNERS, ASSISTS LOW-INCOME INDIVIDUALS AND EMPOWERS THEM WITH THE TOOLS AND SKILLS NEEDED TO MAXIMIZE INCOME, BUILD SAVINGS, AND ACQUIRE STABILIZING ASSETS. UWCA'S INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM, A MATCHED SAVINGS PROGRAM, HELPS LOW-INCOME INDIVIDUALS PURCHASE A FIRST TIME HOME, START OR GROW A SMALL BUSINESS, OR FURTHER THEIR EDUCATION. TO DATE, THE PROGRAM HAS HELPED INDIVIDUALS BUY HOMES, PURSUE EDUCATION AND START SMALL

4c (Code:) (Expenses \$ 7,333,894. including grants of \$ 6,689,909.) (Revenue \$ 0.) EDUCATION - FROM QUALITY CHILDCARE TO DROPOUT PREVENTION PROGRAMS, UWCA USES ITS COLLECTIVE RESOURCES TO PROMOTE PROGRAMS ALONG THE ENTIRE EDUCATION CONTINUUM. IN ADDITION TO SUPPORTING TUTORING, AFTER SCHOOL AND MENTORING PROGRAMS, UWCA'S OWN SUCCESS BY 6 INITIATIVE FOCUSES ON IMPROVING SCHOOL READINESS FOR CHILDREN FROM BIRTH TO AGE FIVE. DURING THE SCHOOL YEAR, SUCCESS BY 6 ENGAGED PRE-K CLASSROOMS AND THEIR TEACHERS WITH HIGH-QUALITY CURRICULUM AND STATE-OF-THE-ART CLASSROOM EQUIPMENT AND MATERIALS. SUCCESS BY 6 SERVED 800 PRE-K STUDENTS TOTAL, AND ALL STUDENTS ASSESSED ACHIEVED OUR BENCHMARK OF 85% OR HIGHER ON THE KINDERGARTEN READINESS ASSESSMENT. CLASSROOMS IN THE SUCCESS BY 6 NETWORK IMPROVED THEIR LEARNING ENVIRONMENTS BY AN AVERAGE OF 15% ON THE EARLY CHILDHOOD ENVIRONMENTAL RATING SCALE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,637,511. including grants of \$ 6,293,797.) (Revenue \$ 1,097,107.)

4e Total program service expenses 58,518,273.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 56		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 55		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CHRIS LUKETIC - 205-458-2089**
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 or note to any line in this Part VII

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

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

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMUEL M. TORTORICI CHAIRMAN OF THE BOARD	20.00 0.00	X					0.	0.	0.	
(2) MARK A. CROSSWHITE VICE CHAIRMAN OF THE BOARD	1.00 0.00	X					0.	0.	0.	
(3) TERRY D. KELLOGG IMMEDIATE PAST CHAIRMAN, EX-OFFICIO	1.00 0.00	X					0.	0.	0.	
(4) JOHN A. LANGLOH PRESIDENT & CEO	40.00 5.00	X		X			346,973.	0.	87,348.	
(5) RICHARD BIELEN EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(6) CHIP BIVINS EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(7) TODD CARLISLE EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(8) MATTHEW DENT EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(9) STEPHANIE HILL ALEXANDER EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(10) MICHAEL GERMAN EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(11) KEN CARLSON EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(12) MALLIE IRELAND EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(13) JOHN HOLCOMB III TREASURER	1.00 0.00	X					0.	0.	0.	
(14) ALICE WILLIAMS SECRETARY	5.00 0.00	X					0.	0.	0.	
(15) DONNIE STANLEY EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(16) ALAN ROGERS EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	
(17) DOUG COLTHARP EXECUTIVE COMMITTEE	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT ALAND BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(19) CHARLES W. JONES BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(20) EDWARD L. RAND, JR. BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(21) TRACEY MORANT ADAMS BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(22) CHARLES BALL BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(23) NELSON BEAN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(24) DOW BRIGGS, MD BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(25) MAGGIE BROOKE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(26) LEIGH COLLIER BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
1b Sub-total								346,973.	0.	87,348.
c Total from continuation sheets to Part VII, Section A								771,791.	0.	227,482.
d Total (add lines 1b and 1c)								1,118,764.	0.	314,830.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLR FURTHER, LLC 1600 RESOURCE DRIVE, BIRMINGHAM, AL 35242	CAMPAIGN ADVERTISING	256,046.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK DREW BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(28) KRYSTAL DRUMMOND BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(29) ALEX DUDCHOCK BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(30) DR. KELLY CASTLIN-GACUTAN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(31) NANCY GOEDECKE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(32) BEAU GRENIER BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(33) ELANOR GRIFFIN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(34) TRIP GRISWOLD BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(35) HOLMAN HEAD BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(36) THOMAS HILL BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(37) DR. ERIC JACK BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(38) CRAWFORD JONES BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(39) KEVIN KELLY BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(40) SHERYL W. KIMERLING BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(41) GREG KING BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(42) GORDON MARTIN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(43) LESLEY MCCLURE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(44) JOHN MCCULLOUGH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(45) BURTON MCDONALD, JR. BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(46) JAMES MOWERY BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 268,105.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 23,499,777.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 36,067,052.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		59,834,934.				
	Program Service Revenue	2 a SALES AND SERVICE TO THE PUBLIC	Business Code 561000	437,904.	437,904.		
b RENTAL REVENUE -AGENCY/AFFILIATES		531120	156,482.	156,482.			
c CAMPAIGN MANAGEMENT FEES		900099	119,952.	119,952.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			714,338.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		858,517.			858,517.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	33,406.				
		(ii) Personal					
		b Less: rental expenses	23,053.				
		c Rental income or (loss)	10,353.				
	d Net rental income or (loss)		10,353.			10,353.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,691,362.				
		(ii) Other	310,000.				
		b Less: cost or other basis and sales expenses	2,332,158.	85,737.			
		c Gain or (loss)	359,204.	224,263.			
	d Net gain or (loss)		583,467.			583,467.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	31,105.				
		b Less: direct expenses	57,647.				
c Net income or (loss) from fundraising events			-26,542.			-26,542.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a COST RECOVERY FEES		581000	292,073.	292,073.			
	b SELF INSURANCE REVENUE	524298	48,271.	48,271.			
	c MISCELLANEOUS	900099	42,425.	42,425.			
	d All other revenue						
	e Total. Add lines 11a-11d		382,769.				
12 Total revenue. See instructions.		62,357,836.	1,097,107.	0.	1,425,795.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,634,008.	31,634,008.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,782,615.	14,782,615.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,036,981.	1,928,535.	1,395,236.	1,713,210.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	526,354.	158,224.	161,087.	207,043.
9 Other employee benefits	614,099.	161,310.	201,952.	250,837.
10 Payroll taxes	366,107.	138,701.	99,471.	127,935.
11 Fees for services (non-employees):				
a Management				
b Legal	75,246.	73,617.	1,629.	
c Accounting	128,946.	34,150.	94,796.	
d Lobbying	49,013.		49,013.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	144,080.	144,080.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	365,685.	271,612.	84,931.	9,142.
12 Advertising and promotion	335,803.	8,404.	150.	327,249.
13 Office expenses	556,208.	175,471.	46,901.	333,836.
14 Information technology	194,185.	82,516.	85,509.	26,160.
15 Royalties				
16 Occupancy	256,343.	-215,155.	275,572.	195,926.
17 Travel	46,204.	-14,114.	15,036.	45,282.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,387.	11,902.	12,001.	19,484.
20 Interest				
21 Payments to affiliates	429,559.	259,508.	105,549.	64,502.
22 Depreciation, depletion, and amortization	516,683.	432,241.	69,408.	15,034.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOC OF OPS/IT/COMM	0.	585,513.	-731,891.	146,378.
b MEDICAL/HEALTH SERVICES	7,107,748.	7,107,748.		
c EMERGENCY FINANCIAL AST	293,929.	293,929.		
d INITIATIVE FUNDING, NET	242,387.	348,561.	-18,427.	-87,747.
e All other expenses	129,353.	114,897.	8,359.	6,097.
25 Total functional expenses. Add lines 1 through 24e	63,874,923.	58,518,273.	1,956,282.	3,400,368.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	785,631.	1	614,911.
	2 Savings and temporary cash investments	9,481,505.	2	9,185,965.
	3 Pledges and grants receivable, net	38,787,464.	3	37,199,437.
	4 Accounts receivable, net	1,667,848.	4	2,045,249.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,189.	8	25,847.
	9 Prepaid expenses and deferred charges	57,984.	9	74,396.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,801,085.		
	b Less: accumulated depreciation	10b 3,499,313.	10c	6,301,772.
	11 Investments - publicly traded securities	28,395,090.	11	21,641,509.
	12 Investments - other securities. See Part IV, line 11	3,310,132.	12	9,787,189.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,256,460.	15	3,477,424.
16 Total assets. Add lines 1 through 15 (must equal line 34)	92,507,874.	16	90,353,699.	
Liabilities	17 Accounts payable and accrued expenses	4,276,101.	17	4,018,730.
	18 Grants payable	12,411,373.	18	11,813,211.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,555,911.	25	4,969,503.
	26 Total liabilities. Add lines 17 through 25	22,243,385.	26	20,801,444.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,872,779.	27	31,460,566.
	28 Temporarily restricted net assets	33,534,466.	28	30,918,989.
	29 Permanently restricted net assets	6,857,244.	29	7,172,700.
	Organizations that do not follow SFAS 117 (ASC 958), 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	70,264,489.	33	69,552,255.	
34 Total liabilities and net assets/fund balances	92,507,874.	34	90,353,699.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,357,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,874,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,517,087.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,264,489.
5	Net unrealized gains (losses) on investments	5	855,102.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-11,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-39,249.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,552,255.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47417265.	43466639.	46493326.	56743290.	59834934.	253955454
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	47417265.	43466639.	46493326.	56743290.	59834934.	253955454
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)						
6 Public support. Subtract line 5 from line 4.						253955454

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	47417265.	43466639.	46493326.	56743290.	59834934.	253955454
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	844,384.	1270081.	1130428.	1014330.	891,923.	5151146.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	327,930.	265,812.	202,758.	323,938.	382,769.	1503207.
11 Total support. Add lines 7 through 10						260609807
12 Gross receipts from related activities, etc. (see instructions)					12	3,142,070.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.45 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	97.51 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

SCHEDULE A, PART II, LINE 10

OTHER INCOME CONSISTS PRIMARILY OF COST RECOVERY FEES FROM DESIGNATED PLEDGES AND PROCESSING REGIONAL CAMPAIGNS, ALONG WITH TRAVEL REIMBURSEMENTS FROM UNITED WAY WORLDWIDE (UWW) FOR EMPLOYEES ATTENDING UWW SPONSORED TRAINING AND CONFERENCES.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

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

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

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

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

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

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

Name of organization

UNITED WAY OF CENTRAL ALABAMA, INC.

Employer identification number

63-0288846

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

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

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

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

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

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		0.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		49,013.
j Total. Add lines 1c through 1i			49,013.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CHRISTIE STRATEGY GROUP WAS ENGAGED TO ALERT THE ORGANIZATION TO
 POTENTIAL LEGISLATION THAT WOULD IMPACT THE ORGANIZATION AND ITS
 PARTNER ORGANIZATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		11
2 Aggregate value of contributions to (during year)		125,054.
3 Aggregate value of grants from (during year)		113,413.
4 Aggregate value at end of year		580,916.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,576,312.	14,251,623.	14,051,846.	12,658,622.	12,468,771.
b Contributions	307,833.	676,964.	445,075.	413,631.	625,038.
c Net investment earnings, gains, and losses	900,962.	218,784.	783,594.	1,370,630.	951,385.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	395,796.	516,770.	977,907.	357,950.	1,333,440.
f Administrative expenses	53,606.	54,289.	50,985.	33,087.	53,132.
g End of year balance	15,335,704.	14,576,312.	14,251,623.	14,051,846.	12,658,622.

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

- a Board designated or quasi-endowment 48.69 %
- b Permanent endowment 46.77 %
- c Temporarily restricted endowment 4.54 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		503,578.		503,578.
b Buildings	1,040,000.	1,264,560.	1,165,462.	1,139,098.
c Leasehold improvements		5,613,647.	1,193,337.	4,420,310.
d Equipment		1,316,647.	1,140,514.	176,133.
e Other		62,653.		62,653.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,301,772.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER SECURITIES	9,787,189.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,787,189.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR PENSION BENEFITS	2,450,669.
(3) RESERVE FOR SELF INSURANCE PLAN	974,436.
(4) POSTRETIREMENT BENEFIT LIABILITY	1,002,189.
(5) RESERVE FOR AFI PROGRAM	531,615.
(6) OTHER LIABILITIES	10,594.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,969,503.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT OF THE UNITED WAY OF CENTRAL ALABAMA (UWCA) IS MADE UP OF ASSETS COMMITTED TO THE LONG-TERM OR PERPETUAL USE OF UWCA WHERE THE PRINCIPLE IS INVESTED AND THE EARNINGS FROM THE GIFTS 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 EXTEND 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 AND EMERGENCY PREPAREDNESS FOLLOWING NATURAL DISASTERS AND ECONOMIC CRISIS;

Part XIII Supplemental Information (continued)

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.

PART X, LINE 2:

UNITED WAY IS REQUIRED TO ASSESS THEIR UNCERTAIN TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE (IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS AT DECEMBER 31, 2016, THAT IT WOULD BE UNABLE TO SUBSTANTIATE. UNITED WAY HAS FILED ITS NOT-FOR-PROFIT TAX RETURNS FOR ALL YEARS THROUGH DECEMBER 31, 2015. YEARS ENDED DECEMBER 31, 2013 AND SUBSEQUENT REMAIN SUBJECT TO AUDIT BY TAXING AUTHORITIES.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN UNITED (event type)	CAMPAIGN KICKOFF (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,768.	27,780.	30,548.
	2	Less: Contributions	0.	0.	
	3	Gross income (line 1 minus line 2)	2,768.	27,780.	30,548.
Direct Expenses	4	Cash prizes	0.	0.	
	5	Noncash prizes	0.	0.	
	6	Rent/facility costs	0.	9,553.	9,553.
	7	Food and beverages	1,019.	16,531.	17,550.
	8	Entertainment	0.	22,274.	22,274.
	9	Other direct expenses	37.	600.	637.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-19,466.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A.G. GASTON BOYS AND GIRLS CLUB 2900 SO. PARK DR., SW BIRMINGHAM, AL 35211	63-0514348	501(C)(3)	724,787.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL & GENERAL OPERATING COSTS
AIDS ALABAMA, INC. PO BOX 55703 BIRMINGHAM, AL 35255-3521	58-1727755	501(C)(3)	75,752.	0.	N/A	N/A	GENERAL OPERATING COSTS
ALABAMA GOODWILL INDUSTRIES, INC. 2350 GREENSPRINGS HWY. BIRMINGHAM, AL 35205	63-0288794	501(C)(3)	60,960.	0.	N/A	N/A	GENERAL OPERATING COSTS
ALABAMA HEAD INJURY FOUNDATION, INC. - 3100 LORNA ROAD, SUITE 226 - BIRMINGHAM, AL 35216	63-0893496	501(C)(3)	170,252.	0.	N/A	N/A	GENERAL OPERATING COSTS
ALABAMA KIDNEY FOUNDATION, INC. P O BOX 12505 BIRMINGHAM, AL 35202	51-0189641	501(C)(3)	116,938.	0.	N/A	N/A	GENERAL OPERATING COSTS
ALABAMA POSSIBLE PO BOX 55058 BIRMINGHAM, AL 35255	58-2074080	501(C)(3)	35,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **136.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA YOUTH ADVOCATE PROGRAMS 2007 NORTH THIRD STREET HARRISBURG, PA 17102-1815	23-1977514	501(C)(3)	25,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/EDUCATION
ALABASTER CITY SCHOOLS 1953 MUNICIPAL WAY SUITE 200 ALABASTER, AL 35007	46-1635120	GOVERNMENT ENTIT	35,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND & COMMUNITY COLLABORATION/EDUCATION
ALETHEIA HOUSE 201 FINLEY AVE., W. BIRMINGHAM, AL 35204	63-0644067	501(C)(3)	465,672.	0.	N/A	N/A	GENERAL OPERATING COSTS
ALZHEIMERS OF CENTRAL ALABAMA INC PO BOX 2273 BIRMINGHAM, AL 35201	63-1068096	501(C)(3)	6,847.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
AMELIA CENTER 1600 7TH AVENUE, SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	86,400.	0.	N/A	N/A	GENERAL OPERATING COSTS
AMERICAN BASEBALL FOUNDATION 833 ST. VINCENTS DR, STE. 205A BIRMINGHAM, AL 35205	88-0313231	501(C)(3)	5,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/ SAIL
AMERICAN CANCER SOCIETY 1100 IRELAND WAY, SUITE 201 BIRMINGHAM, AL 35205-7013	13-1788491	501(C)(3)	674,347.	0.	N/A	N/A	GENERAL OPERATING COSTS
AMERICAN HEART ASSOCIATION, INC. 1101 NORTHCHASE PKWY, STE. 1 MARIETTA, GA 30067	12-5613797	501(C)(3)	500,000.	0.	N/A	N/A	GENERAL OPERATING COSTS
AMERICAN RED CROSS 950 22ND STREET NORTH, SUITE 750 BIRMINGHAM, AL 35203	53-0196605	501(C)(3)	3,116,448.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 21275	54-1517707	501(C)(3)	7,779.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3193389	501(C)(3)	16,937.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
ARC OF JEFFERSON COUNTY 2665 HACKBERRY RD HOOVER, AL 35226	63-0375738	501(C)(3)	634,458.	0.	N/A	N/A	GENERAL OPERATING COSTS
ARC OF ST. CLAIR COUNTY PO BOX 301410 MONTGOMERY, AL 36130-1410	23-7299709	501(C)(3)	97,353.	0.	N/A	N/A	GENERAL OPERATING COSTS
ARC OF WALKER COUNTY 745 RUSSELL DAIRY ROAD JASPER, AL 35503	63-0760044	501(C)(3)	394,978.	0.	N/A	N/A	GENERAL OPERATING COSTS
BETTER BASICS, INC. 211 SUMMIT PKWY, STE. 108 BIRMINGHAM, AL 35209	63-1106040	501(C)(3)	169,074.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL & GENERAL OPERATING COSTS
BIG BROTHERS BIG SISTERS 1901 14TH AVE. SOUTH BIRMINGHAM, AL 35205	63-0647080	501(C)(3)	413,879.	0.	N/A	N/A	GENERAL OPERATING COSTS
BIG OAK RANCH INC P O BOX 507 SPRINGVILLE, AL 35146	23-7413017	501(C)(3)	6,755.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
BIRMINGHAM CITY SCHOOLS 901 9TH AVE. W. BIRMINGHAM, AL 35204	63-6000767	GOVERNMENT ENTIT	36,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRMINGHAM EDUCATION FOUNDATION PO BOX 1476 BIRMINGHAM, AL 35201	26-4685144	501(C)(3)	30,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/EDUCATION/SA IL
BIRMINGHAM JEWISH FEDERATION PO BOX 130219 BIRMINGHAM, AL 35213	63-1045456	501(C)(3)	34,010.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
BIRMINGHAM URBAN LEAGUE PO BOX 11269 BIRMINGHAM, AL 35202	63-0516655	501(C)(3)	160,000.	0.	N/A	N/A	GENERAL OPERATING COSTS
BLOUNT CO BOARD OF EDUCATION PO BOX 578 ONEONTA, AL 35121	63-6000773	GOVERNMENT ENTIT	7,500.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
BLOUNT COUNTY AID TO HOMELESS CHILDREN - P O BOX 68 - ONEONTA, AL 35121	63-1104139	GOVERNMENT ENTIT	39,687.	0.	N/A	N/A	GENERAL OPERATING COSTS
BLOUNT COUNTY CHILDREN'S CENTER 1601 1ST AVE. W, PO BOX 906 ONEONTA, AL 35121	63-0900348	501(C)(3)	116,820.	0.	N/A	N/A	GENERAL OPERATING COSTS
BLOUNT COUNTY EDUCATION FOUNDATION P. O. BOX 603 ONEONTA, AL 35121	63-1215348	501(C)(3)	38,667.	0.	N/A	N/A	COMMUNITY COLLABORATION/EDUCATION/SA IL
BOY SCOUTS GREATER ALABAMA COUNCIL P O BOX 43307 BIRMINGHAM, AL 35243-0307	63-0302107	501(C)(3)	978,458.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT & GENERAL OPERATING COSTS
BOY SCOUTS OF AMERICA - BLACK WARRIOR COUNCIL - P O DRAWER 3088 - TUSCALOOSA, AL 35403	63-0288816	501(C)(3)	76,033.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CENTRAL ALABAMA - P O BOX 10391 - BIRMINGHAM, AL 35202	63-0302102	501(C)(3)	686,211.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL & GENERAL OPERATING COSTS
CAHABA VALLEY HEALTH CARE 1515 6TH AVE SO BIRMINGHAM, AL 35233	63-1254350	501(C)(3)	39,290.	0.	N/A	N/A	GENERAL OPERATING COSTS
CAMP FIRE ALABAMA 106 OXMOOR RD, SUITE 152 BIRMINGHAM, AL 35209	63-0498347	501(C)(3)	1,007,098.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL & DONOR DESIGNATED FOR GENERAL SUPPORT
CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	81-0648432	501(C)(3)	15,861.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CASA OF SHELBY COUNTY PO BOX 1936 COLUMBIANA, AL 35051	63-1132024	501(C)(3)	7,465.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES PO BOX 12047 BIRMINGHAM, AL 35202-2047	63-0581368	501(C)(3)	9,743.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC FAMILY SERVICES PO BOX 12047 BIRMINGHAM, AL 35202-2047	63-0581368	501(C)(3)	159,554.	0.	N/A	N/A	GENERAL OPERATING COSTS
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	45-1679647	501(C)(3)	6,176.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CHILDCARE RESOURCES 244 WEST VALLEY AVENUE SUITE 200 BIRMINGHAM, AL 35209	63-0882628	501(C)(3)	650,201.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST - AMERICA'S CHARITIES - PO BOX 75083 - BALTIMORE, MD 21275	30-0186795	501(C)(3)	6,071.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CHILDREN'S AID SOCIETY 2141 14TH AVE S BIRMINGHAM, AL 35205	63-0288823	501(C)(3)	938,258.	0.	N/A	N/A	GENERAL OPERATING COSTS
CHILDREN'S CHARITIES OF AMERICA P.O. BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(C)(3)	6,258.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	27-0093393	501(C)(3)	6,907.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CHILDREN'S OF ALABAMA 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	689,072.	0.	N/A	N/A	GENERAL OPERATING COSTS
CHILDREN'S VILLAGE, INC. 2001 18TH ST SW BIRMINGHAM, AL 35211	63-6061834	501(C)(3)	13,751.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CHILTON COUNTY UNITED WAY P O BOX 1104 CLANTON, AL 35045	63-0912405	501(C)(3)	66,885.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN LOVE PANTRY, INC. 205 EDWIN HOLLADAY PLACE, #105 PELL CITY, AL 35125	63-1048552	501(C)(3)	38,409.	0.	N/A	N/A	GENERAL OPERATING COSTS
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	94-3193374	501(C)(3)	17,624.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR ROAD, SUITE 205 BIRMINGHAM, AL 35213-2427	63-1015318	501(C)(3)	143,990.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT & GENERAL OPERATING COSTS
COMMUNITY FOOD BANK OF CENTRAL AL 107 WALTER DAVIS DR. BIRMINGHAM, AL 35209	63-0837956	501(C)(3)	365,522.	0.	N/A	N/A	PEOPLES DEVELOPMENT CENTER FOOD BANK GRANT & GENERAL OPERATING COSTS
COMMUNITY HEALTH CHARITIES OF THE SOUTHEAST - 1199 N FAIRFAX ST, SUITE 600 - ALEXANDRIA, VA 22314	58-1705677	501(C)(3)	104,398.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
CONCERNED CITIZENS FOR OUR YOUTH, INC. (BEACON HOUSE) - 1200 BEACON LN - JASPER, AL 35504	63-0640563	501(C)(3)	167,954.	0.	N/A	N/A	GENERAL OPERATING COSTS
CRIPPLED CHILDRENS FOUNDATION 2019 FOURTH AVENUE NORTH, SUITE 101 BIRMINGHAM, AL 35203	63-0288872	501(C)(3)	17,678.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CRISIS CENTER, INC. 3600 8TH AVENUE SOUTH BIRMINGHAM, AL 35222	63-0583947	501(C)(3)	759,451.	0.	N/A	N/A	GENERAL OPERATING COSTS
DEVELOPING ALABAMA YOUTH FOUNDATION, INC. - P O BOX 1811 - ALABASTER, AL 35007	63-0848101	501(C)(3)	126,521.	0.	N/A	N/A	GENERAL OPERATING COSTS
EASTER SEALS OF THE BIRMINGHAM AREA - 2717 3RD AVE SO - BIRMINGHAM, AL 35233	63-0570609	501(C)(3)	176,477.	0.	N/A	N/A	GENERAL OPERATING COSTS
FAMILY CONNECTION, INC. P O BOX 535 SAGINAW, AL 35211	63-0844906	501(C)(3)	209,119.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FAMILY RESOURCE CENTER OF NW AL, INC. - P O BOX 3429 - JASPER, AL 35502	63-0929167	501(C)(3)	155,940.	0.	N/A	N/A	GENERAL OPERATING COSTS
FELLOWSHIP HOUSE, INC. 1625 12TH AVE. SO. BIRMINGHAM, AL 35205	63-0509822	501(C)(3)	267,681.	0.	N/A	N/A	GENERAL OPERATING COSTS
GATEWAY 5201 AIRPORT HIGHWAY BIRMINGHAM, AL 35212	63-0288854	501(C)(3)	1,184,317.	0.	N/A	N/A	GENERAL OPERATING COSTS
GIRLS INCORPORATED OF CENTRAL ALABAMA - P O BOX 130729 - BIRMINGHAM, AL 35213	63-0328643	501(C)(3)	833,936.	0.	N/A	N/A	GENERAL OPERATING COSTS
GIRLS SCOUTS OF NORTH CENTRAL ALABAMA - 105 HEATHERBROOKE PARK DRIVE - BIRMINGHAM, AL 35242-8008	63-0288834	501(C)(3)	551,609.	0.	N/A	N/A	GENERAL OPERATING COSTS
GLENWOOD, INC. 150 GLENWOOD LANE BIRMINGHAM, AL 35242	23-7396710	501(C)(3)	141,018.	0.	N/A	N/A	GENERAL OPERATING COSTS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, SUITE 30 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	15,996.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
GREATER BIRMINGHAM HABITAT FOR HUMANITY - P O BOX 540 - FAIRFIELD, AL 35064	63-0962910	501(C)(3)	364,886.	0.	N/A	N/A	GENERAL OPERATING COSTS
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DRIVE BIRMINGHAM, AL 35209	63-0288810	501(C)(3)	7,709.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GREATER BIRMINGHAM MINISTRIES 2304 12TH AVENUE N. BIRMINGHAM, AL 35234	63-0577439	501(C)(3)	7,500.	0.	N/A	N/A	COMMUNITY COLLABORATION/HEALTH
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217739	501(C)(3)	19,445.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
HISPANIC INTEREST COALITION OF ALABAMA (HICA) - PO BOX 190299 - BIRMINGHAM, AL 35219	63-1225764	501(C)(3)	124,242.	0.	N/A	N/A	GENERAL OPERATING COSTS
HOPE HEALTH CENTER, INC. 4614 CARNEGIE AVENUE FAIRFIELD, AL 35064	01-0680401	501(C)(3)	5,034.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
IMPACT FAMILY COUNSELING, INC. 1000 24TH STREET, SO. BIRMINGHAM, AL 35205	58-2112829	501(C)(3)	99,717.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL & GENERAL OPERATING COSTS
INDEPENDENT LIVING RESOURCES OF GREATER BIRMINGHAM - 1418 6TH AVE, N. - BIRMINGHAM, AL 35203	58-2039158	501(C)(3)	147,865.	0.	N/A	N/A	GENERAL OPERATING COSTS
KID ONE TRANSPORT SYSTEM, INC. PO BOX 11864 BIRMINGHAM, AL 35202	63-1165579	501(C)(3)	20,061.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
LAKESIDE HOSPICE PO BOX 544 PELL CITY, AL 35125	63-1035850	501(C)(3)	15,041.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
LEGACY YMCA 1501 4TH AVENUE SW BESSEMER, AL 35022	63-0288881	501(C)(3)	96,852.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY, ALABAMA/GULF COAST CHAPTER - 3500 BLUE LAKE DRIVE, SUITE 225 - BIRMINGHAM, AL 35243	63-0481952	501(C)(3)	10,274.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD. BIRMINGHAM, AL 35213	63-0288848	501(C)(3)	256,543.	0.	N/A	N/A	GENERAL OPERATING COSTS
MARGARET ELEMENTARY SCHOOL 680 COUNTY RD 12 ODENVILLE, AL 35120	63-6001061	GOVERNMENT ENTIT	7,500.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET, SUITE 201 SALEM, MA 01970	94-3148591	501(C)(3)	6,628.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
MIDFIELD CITY SCHOOLS 417 PARKWOOD ST. MIDFIELD, AL 35228	63-0593045	GOVERNMENT ENTIT	14,365.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193418	501(C)(3)	13,814.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
MITCHELL'S PLACE INC 4778 OVERTON ROAD BIRMINGHAM, AL 35210	20-1056421	501(C)(3)	44,165.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
NEW RISING STAR COMMUNITY SUPPORT CORPORATION - 7400 LONDON AVE - BIRMINGHAM, AL 35206	11-3760490	501(C)(3)	21,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/HEALTH
OASIS, A WOMENS'S COUNSELING CENTER - 1900 - 14TH AVENUE SO - BIRMINGHAM, AL 35205	63-1128764	501(C)(3)	84,209.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ONEONTA CITY SCHOOLS 27605 STATE HWY 75 ONEONTA, AL 35121	63-6003772	501(C)(3)	8,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
PATHWAYS 409 RICHARD ARRINGTON JR. BLVD, N. BIRMINGHAM, AL 35203	63-0867285	501(C)(3)	350,401.	0.	N/A	N/A	GENERAL OPERATING COSTS
PELHAM CITY SCHOOLS 3162 PELHAM PARKWAY PELHAM, AL 35124	46-4610901	GOVERNMENT ENTIT	10,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
POSITIVE MATURITY, INC 3918 MONTCLAIR RD, STE. 200 BIRMINGHAM, AL 35213	63-0590338	501(C)(3)	661,146.	0.	N/A	N/A	GENERAL OPERATING COSTS
REV BIRMINGHAM 505 20TH ST. N., SUITE 100 BIRMINGHAM, AL 35203	20-0763511	501(C)(3)	10,006.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
RIVER REGION UNITED WAY PO BOX 868 MONTGOMERY, AL 36101	63-0330778	501(C)(3)	33,372.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ALABAMA - 1700 4TH AVE. S. - BIRMINGHAM, AL 35233	63-0753358	501(C)(3)	123,750.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
S.T.A.I.R. OF BIRMINGHAM 3100 HIGHLAND AVENUE BIRMINGHAM, AL 35205	20-3541638	501(C)(3)	26,250.	0.	N/A	N/A	COMMUNITY COLLABORATION/HEALTH
SAFEHOUSE OF SHELBY COUNTY PO BOX 275 PELHAM, AL 35124	63-1007280	501(C)(3)	124,791.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALVATION ARMY - GREATER BIRMINGHAM - P O BOX 11005 - BIRMINGHAM, AL 35202	63-0288866	501(C)(3)	1,741,040.	0.	N/A	N/A	GENERAL OPERATING COSTS
SALVATION ARMY - WALKER COUNTY P O BOX 1513 JASPER, AL 35502	58-0660607	501(C)(3)	102,234.	0.	N/A	N/A	GENERAL OPERATING COSTS
SHADES VALLEY FAMILY YMCA 3551 MONTGOMERY HWY. BIRMINGHAM, AL 35209	63-0299894	501(C)(3)	10,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/SAIL
SHELBY CO CHILDREN'S ADVOCACY CNTR, INC. - P O BOX 1145 - COLUMBIANA, AL 35051	63-1096608	501(C)(3)	40,772.	0.	N/A	N/A	GENERAL OPERATING COSTS
SHELBY COUNTY SCHOOLS 410 EAST COLLEGE ST. COLUMBIANA, AL 35051	63-6001081	GOVERNMENT ENTIT	12,125.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
SHELBY EMERGENCY ASSISTANCE, INC. 620 VALLEY STREET MONTEVALLO, AL 35115	63-0816556	501(C)(3)	221,460.	0.	N/A	N/A	GENERAL OPERATING COSTS
SICKLE CELL DISEASE ASSOCIATION 3813 AVENUE I ENSLEY BIRMINGHAM, AL 35218	63-0760935	501(C)(3)	146,038.	0.	N/A	N/A	GENERAL OPERATING COSTS
SOZO CHILDREN INTERNATIONAL PO BOX 382586 BIRMINGHAM, AL 35238	27-4552700	501(C)(3)	7,296.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
ST CLAIR COUNTY DEPARTMENT OF HUMAN RESOURCES - 3105 15TH AVENUE NORTH - PELL CITY, AL 35125	63-1104139	GOVERNMENT ENTIT	50,414.	0.	N/A	N/A	GENERAL OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ST CLAIR DAY PROGRAM, INC. P O BOX 1653 ASHVILLE, AL 35953	63-1211993	501(C)(3)	106,310.	0.	N/A	N/A	GENERAL OPERATING COSTS
ST. CLAIR CHILDREN'S ADVOCACY CENTER - 18200 ALABAMA HIGHWAY 174 - PELL CITY, AL 35125-3620	58-2027454	501(C)(3)	36,367.	0.	N/A	N/A	GENERAL OPERATING COSTS
TARRANT CITY SCHOOLS 1318 ALABAMA STREET TARRANT, AL 35217	63-6001122	GOVERNMENT ENTIT	10,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
THE ARC OF SHELBY COUNTY 203 AMPHITHEATER RD. PELHAM, AL 35124	63-0988453	501(C)(3)	140,466.	0.	N/A	N/A	GENERAL OPERATING COSTS
THE KING'S HOME PO BOX 162 CHELSEA, AL 35043	63-0760276	501(C)(3)	8,435.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
THE LITERACY COUNCIL OF CENTRAL AL 2301 1ST AVENUE NORTH, SUITE 102 BIRMINGHAM, AL 35203	63-1051186	501(C)(3)	209,375.	0.	N/A	N/A	ADVANCEMENT FUND GRANT & GENERAL OPERATING COSTS
THE LOVELADY CENTER 7916 2ND AVENUE S BIRMINGHAM, AL 35206	72-1344856	501(C)(3)	6,941.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1717 11TH AVE SO, MEDICAL TOWERS STE 508 - BIRMINGHAM, AL 35205	63-6005396	501(C)(3)	10,000.	0.	N/A	N/A	HEALTH ADVANCEMENT FUND GRANT
THE WOMENS FUND GREATER BHAM 2201 5TH AVE SOUTH, SUITE 110 BIRMINGHAM, AL 35233	45-0952468	501(C)(3)	25,000.	0.	N/A	N/A	COMMUNITY COLLABORATION/HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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THREE HOTS AND A COT 7353 KIMBERLY AVENUE BIRMINGHAM, AL 35206	26-4355458	501(C)(3)	14,262.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
TRAIL LIFE USA 835 E. LAMAR BLVD. #284 ARLINGTON, TX 76011	61-1717498	501(C)(3)	15,674.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
TRAVELER'S AID SOCIETY 1605 5TH AVENUE NORTH BIRMINGHAM, AL 35203	63-0288873	501(C)(3)	261,861.	0.	N/A	N/A	GENERAL OPERATING COSTS
UNITED ABILITY 120 OSLO CIRCLE BIRMINGHAM, AL 35211	63-0307960	501(C)(3)	752,413.	0.	N/A	N/A	GENERAL OPERATING COSTS
UNITED COMMUNITY CENTERS, INC. 3617 HICKORY AVENUE SW BIRMINGHAM, AL 35221	63-0678752	501(C)(3)	92,355.	0.	N/A	N/A	GENERAL OPERATING COSTS
UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	14,492.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
UNITED WAY OF CENTRAL MARYLAND PO BOX 1576 BALTIMORE, MD 21203	52-0591543	501(C)(3)	6,494.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF ETOWAH COUNTY AL INC. - PO BOX 1175 - GADSDEN, AL 35902-1175	63-0375616	501(C)(3)	6,905.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER ATLANTA INC. 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566194	501(C)(3)	11,868.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	11,123.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF MADISON COUNTY AL INC. - 701 ANDREW JACKSON WAY - HUNTSVILLE, AL 35801	63-0366294	501(C)(3)	22,913.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHWEST ALABAMA INC. - PO DRAWER 89 - MOBILE, AL 36601	63-0351568	501(C)(3)	29,641.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE LOWCOUNTRY, INC. PO BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	5,216.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WEST ALABAMA INC. PO BOX 2291 TUSCALOOSA, AL 35403-2291	63-0321464	501(C)(3)	5,159.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
WALKER COUNTY BOARD OF EDUCATION PO BOX 311 JASPER, AL 35502-0311	63-6001147	GOVERNMENT ENTIT	25,000.	0.	N/A	N/A	CENTRAL AL CHILDRENS FUND GRANT
WALKER COUNTY COMMISSION 1801 3RD AVENUE SO., STE. 113 JASPER, AL 35501	63-6001721	GOVERNMENT ENTIT	10,000.	0.	N/A	N/A	HEALTH ADVANCEMENT FUND GRANT
WIREGRASS UNITED WAY PO BOX 405 DOTHAN, AL 36302-0405	63-6000270	501(C)(3)	8,588.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
WOODLAWN FOUNDATION 5529 1ST AVENUE SOUTH BIRMINGHAM, AL 35212	27-4051072	501(C)(3)	22,333.	0.	N/A	N/A	COMMUNITY COLLABORATION/HEALTH & DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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WORKSHOPS, INC. 4244 3RD AVE. SO. BIRMINGHAM, AL 35222	63-0320201	501(C)(3)	756,398.	0.	N/A	N/A	GENERAL OPERATING COSTS
WOUNDED WARRIOR PROJECT, INC. PO BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	9,556.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT - CFC CAMPAIGN
YMCA OF BIRMINGHAM, INC. 2101 4TH AVE N BIRMINGHAM, AL 35203	63-0299894	501(C)(3)	854,590.	0.	N/A	N/A	GENERAL OPERATING COSTS
YMCA-ALABASTER FAMILY BRANCH 117 PLAZA CIRCLE ALABASTER, AL 35007	63-0299894	501(C)(3)	12,500.	0.	N/A	N/A	COMMUNITY COLLABORATION/ SAIL
YWCA OF CENTRAL ALABAMA 309 23RD STREET NORTH BIRMINGHAM, AL 35203-3820	63-0288882	501(C)(3)	1,586,016.	0.	N/A	N/A	COMMUNITY COLLABORATION/ SAIL & GENERAL OPERATING COSTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BASIC NEEDS ASSISTANCE	83	118,413.	0.	N/A	
ASSISTANCE PROVIDED TO VETERANS	764	588,174.	0.	N/A	
EMPLOYMENT TRAINING (SEE SUPPLEMENTAL INFORMATION)	974	93,536.	0.	N/A	
ASSISTANCE PROVIDED TO PEOPLE LIVING WITH HIV (SEE SUPPLEMENTAL INFORMATION)	2109	11,672,232.	0.	N/A	

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

PART I, LINE 2:

UNITED WAY OF CENTRAL ALABAMA'S (UWCA) ALLOCATION SYSTEM IS AN ENTIRELY
VOLUNTEER DRIVEN PROCESS. IT IS THE RESPONSIBILITY OF A VOLUNTEER COMMUNITY
IMPACT COMMITTEE, COORDINATED BY THE COMMUNITY IMPACT DEPARTMENT. FUNDING
IS ALLOCATED AMONG PARTNER AGENCIES. PARTNER AGENCIES 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 ACCESS

Part IV Supplemental Information

TO ALLOCATION REQUESTS (BUDGET INFORMATION, PROGRAM DETAILS, AND ADMINISTRATIVE INFORMATION) FROM TWO OR THREE AGENCIES AND IS ASKED TO CAREFULLY REVIEW THE REQUESTS. 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.

PART III, DESCRIPTION OF GRANTS:

1. BASIC NEEDS ASSISTANCE PROVIDED TO INDIVIDUALS IN CENTRAL ALABAMA.

ASSISTANCE WAS PAID DIRECTLY TO COMPANY AND/OR VENDORS PROVIDING THE NEEDED SERVICES INSTEAD OF THE INDIVIDUAL TO GUARANTEE THE FUNDS WERE USED AS REQUESTED.

2. ASSISTANCE PROVIDED TO VETERANS IN ALABAMA TO LOCATE STABLE, PERMANENT HOUSING. FUNDED BY A SUPPORTIVE SERVICES FOR VETERAN FAMILIES GRANT FROM THE U.S. DEPARTMENT OF VETERAN AFFAIRS. ASSISTANCE WAS PAID DIRECTLY TO COMPANY AND/OR VENDORS TO GUARANTEE FUNDS WERE USED AS REQUESTED.

3. UWCA WORKS WITH INDIVIDUALS TO REMOVE BARRIERS TO EMPLOYMENT TRAINING AND JOB SEEKING. CLIENT SERVICES PROVIDED INCLUDE ASSISTANCE WITH CHILD CARE, TRANSPORTATION, BASIC NEEDS, AND EMPLOYMENT RELATED CLOTHING AND/OR FEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

9 If "Yes" on 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		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN A. LANGLOH PRESIDENT & CEO	(i)	336,190.	0.	10,783.	68,648.	20,584.	436,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLY CARLTON EXECUTIVE VP & COO	(i)	181,726.	0.	5,914.	36,975.	16,512.	241,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLYN GRADY SR. VP, RESOURCE DEVELOPMENT	(i)	141,201.	0.	2,811.	28,247.	9,606.	181,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SARA NEWELL SR. VP, COMMUNITY IMPACT	(i)	109,920.	0.	0.	23,629.	25,651.	159,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

PART OF THE COMPENSATION PACKAGE FOR THE PRESIDENT/CEO IS A DEFERRED
COMPENSATION AGREEMENT CONTINGENT UPON MEETING CERTAIN LENGTHS OF
EMPLOYMENT

JOHN A. LANGLOH - \$68,648

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ALABAMA POWER	MARK CROSSWHITE AND	125,347.	UWCA BUILDI		X
BLUE CROSS & BLUE SHIELD	TERRY KELLOGG AND D	909,194.	INSURANCE		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALABAMA POWER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARK CROSSWHITE AND GORDON MARTIN ARE EMPLOYEES OF THE ABOVE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: UWCA BUILDING ELECTRICITY

(A) NAME OF PERSON: BLUE CROSS & BLUE SHIELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TERRY KELLOGG AND DOW BRIGGS ARE EMPLOYEES OF THE ABOVE ORGANIZATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	110	1,325,216.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL ALABAMA, INC.

Employer identification number

63-0288846

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

ACCESS TO SERVICES.

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

BUSINESSES VALUED AT \$25 MILLION WITH 463 HOUSEHOLDS COMPLETING THE

PROGRAM. UWCA'S FREE TAX ASSISTANCE PROGRAM RESULTED IN 3,265 TAX

REFUNDS OF \$2.48 MILLION TO LOW-INCOME ALABAMIANS. ADDITIONALLY, UWCA

PROVIDED FINANCIAL EDUCATION OUTREACH TO 3,297 INDIVIDUALS IN OUR

COMMUNITY.

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

ACCESS TO SERVICES - UWCA TAKES A LEADERSHIP ROLE IN BUILDING A

STATEWIDE INFORMATION NETWORK ENTITLED 2-1-1 CONNECTS ALABAMA, AN

INNOVATIVE INFORMATION AND REFERRAL STRATEGY ENSURING ALL ALABAMIANS

HAVE THE ABILITY TO CONNECT WITH AVAILABLE RESOURCES IN THEIR

COMMUNITIES. 2-1-1 RESPONDS TO MORE THAN 30,000 CALLS A YEAR AND

UTILIZES A CONTINUOUSLY UPDATED DATABASE TO ASSIST CALLERS. 2-1-1

PROVIDES REFERRALS FOR BASIC NEEDS SUCH AS FOOD, SHELTER, CLOTHING,

FINANCIAL ASSISTANCE AND CHILD CARE. IN ADDITION, 2-1-1 COLLABORATES

WITH OTHER ORGANIZATIONS TO PROVIDE SPECIALIZED TIME-SENSITIVE

INFORMATION ON ISSUES SUCH AS DISASTER RELIEF, INCOME TAX PREPARATION

ASSISTANCE, MORTGAGE ASSISTANCE, FORECLOSURE PREVENTION, DISEASE

OUTBREAKS AND MORE.

EXPENSES \$ 4,555,892. INCLUDING GRANTS OF \$ 3,881,429. REVENUE \$ 68,323

DESIGNATIONS PAID BY DONOR REQUEST TO NON-MEMBER AGENCIES.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

UNITED WAY OF CENTRAL ALABAMA, INC.

Employer identification number

63-0288846

EXPENSES \$ 2,255,646. INCL GRANTS OF \$ 2,255,646. REVENUE \$ 292,073.

OTHER SPECIAL DESIGNATIONS TO MEMBER AGENCIES AND INITIATIVES THAT ARE NOT IDENTIFIED IN ONE OF THE ORGANIZATION'S CORE ACTIVITIES.

EXPENSES \$ 825,973. INCLUDING GRANTS OF \$ 156,722. REVENUE \$ 736,711.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. AFTER THE COMMITTEE'S APPROVAL, 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 MEMBER 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.

Name of the organization

UNITED WAY OF CENTRAL ALABAMA, INC.

Employer identification number

63-0288846

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 PUBLIC RELATIONS DEPARTMENT.

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

NONOPERATING PENSION COSTS	-39,417.
EQUITY TRANSFER TO COMMUNITY PARTNERSHIP OF ALABAMA, INC.	163.
ROUNDING	5.
TOTAL TO FORM 990, PART XI, LINE 9	-39,249.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS AND DISCUSSES THE EXTERNAL AUDIT. THIS COMMITTEE IS DIRECTLY RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT PROCESS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WARREN REAL ESTATE, LLC - 81-0829757 PO BOX 320189 BIRMINGHAM, AL 35232-0189	OWNERSHIP OF BUILDING	ALABAMA	10,353.	0.	UNITED WAY OF CENTRAL ALABAMA, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HANDS ON BIRMINGHAM, INC. - 63-1207098 PO BOX 320189 BIRMINGHAM, AL 35232-0189	PROVIDING VOLUNTEER OPPORTUNITIES	ALABAMA	501(C)(3)	LINE 7	UNITED WAY OF CENTRAL ALABAMA, INC.	X	
COMMUNITY PARTNERSHIP OF ALABAMA, INC. - 27-1801693, PO BOX 320189, BIRMINGHAM, AL 35232-0189	SUPPORT OF UNITED WAY OF CENTRAL ALABAMA	ALABAMA	501(C)(3)	LINE 12A, I	UNITED WAY OF CENTRAL ALABAMA, INC.	X	
PRIORITY VETERAN, INC. - 46-3483941 PO BOX 320189 BIRMINGHAM, AL 35232-0189	ASSISTANCE TO U.S. VETERANS	ALABAMA	501(C)(3)	LINE 7	UNITED WAY OF CENTRAL ALABAMA, INC.	X	
MEALS ON WHEELS OF CENTRAL ALABAMA - 81-3348268, PO BOX 320189, BIRMINGHAM, AL 35232-0189	PROVIDE SENIOR NUTRITION PROGRAM	ALABAMA	501(C)(3)	LINE 7	UNITED WAY OF CENTRAL ALABAMA, INC.	X	

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

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRIORITY VETERAN, INC.	B	1,101,180.	FMV
(2) PRIORITY VETERAN, INC.	N	31,063.	FMV
(3) PRIORITY VETERAN, INC.	O	917,719.	FMV
(4) PRIORITY VETERAN, INC.	D	113,955.	FMV
(5) HANDS ON BIRMINGHAM, INC.	B	223,913.	FMV
(6) HANDS ON BIRMINGHAM, INC.	N	29,678.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)HANDS ON BIRMINGHAM, INC.	O	196,726.	FMV
(8)HANDS ON BIRMINGHAM, INC.	L	3,300.	FMV
(9)HANDS ON BIRMINGHAM, INC.	E	6,347.	FMV
(10)COMMUNITY PARTNERSHIP OF ALABAMA, INC.	N	3,247.	FMV
(11)COMMUNITY PARTNERSHIP OF ALABAMA, INC.	O	252,692.	FMV
(12)COMMUNITY PARTNERSHIP OF ALABAMA, INC.	L	136.	FMV
(13)COMMUNITY PARTNERSHIP OF ALABAMA, INC.	D	175,834.	FMV
(14)MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	C	29,950.	FMV
(15)MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	O	161,039.	FMV
(16)MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	L	46.	FMV
(17)MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	N	897.	FMV
(18)MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	D	168,606.	FMV
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

