



LET'S THRIVE TOGETHER



## TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

UNITED WAY OF CENTRAL ALABAMA, INC.  
PO BOX 320189  
BIRMINGHAM, AL 35232-0189

---

**PREPARED BY:**

WARREN AVERETT, LLC  
2500 ACTON ROAD  
BIRMINGHAM, AL 35243

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer UNITED WAY OF CENTRAL ALABAMA, INC. EIN or SSN 63-0288846

Name and title of officer or person subject to tax CHRIS SMITH SR VP & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, Description, and Amount. Row 1a is checked with amount 107,396,497.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize WARREN AVERETT, LLC to enter my PIN 35243. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63633435243 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/14/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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)

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>		<b>D</b> Employer identification number <b>63-0288846</b>
	Doing business as		<b>E</b> Telephone number <b>205-251-5131</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>BIRMINGHAM, AL 35232-0189</b>		<b>G</b> Gross receipts \$ <b>109,783,495.</b>
	<b>F</b> Name and address of principal officer: <b>JOHN A. LANGLOH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶

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

**J** Website: ▶ **WWW.UWCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1955** **M** State of legal domicile: **AL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF CENTRAL ALABAMA'S MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>47</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>46</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>213</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4066</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>92,474,616.</b>	<b>95,926,263.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>934,521.</b>	<b>1,246,237.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,384,639.</b>	<b>1,645,247.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,818,667.</b>	<b>8,578,750.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>105,612,443.</b>	<b>107,396,497.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>59,587,130.</b>	<b>62,572,153.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>9,841,669.</b>	<b>10,243,970.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,588,602.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>28,227,448.</b>	<b>31,273,694.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>97,656,247.</b>	<b>104,089,817.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>7,956,196.</b>	<b>3,306,680.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>119,005,962.</b>	<b>126,895,540.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>25,107,349.</b>	<b>23,879,574.</b>
		<b>93,898,613.</b>	<b>103,015,966.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>CHRIS SMITH, SR VP &amp; CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MEGAN RANDOLPH</b>		<b>11/14/22</b>		<b>P00989558</b>
Firm's name ▶ <b>WARREN AVERETT, LLC</b>			Firm's EIN ▶ <b>45-4084437</b>		
Firm's address ▶ <b>2500 ACTON ROAD</b> <b>BIRMINGHAM, AL 35243</b>			Phone no. <b>205-979-4100</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF CENTRAL ALABAMA'S MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER AND TO IMPROVE THEIR COMMUNITY. WE ARE ACTIVELY ENGAGED IN BLOUNT, CHILTON, JEFFERSON, SHELBY, ST. CLAIR AND WALKER COUNTIES TO CREATE COMMUNITY-BASED

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 If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 74,942,894. including grants of \$ 56,094,797. ) (Revenue \$ 9,819,048. ) HEALTH - UWCA AND ITS PARTNERS TARGET EMERGING HEALTH ISSUES IN OUR COMMUNITY, SUCH AS IMPROVING MENTAL HEALTH (49,286 INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES AND 23,964 AFFECTED BY DOMESTIC VIOLENCE, RECEIVED SERVICES THROUGH UW PARTNER AGENCIES), ENDING HUNGER (6,778,128 MEALS SERVED THIS YEAR FOR HUNGER RELIEF), ADVANCING HEALTH EQUITY, PROVIDING ACCESS TO QUALITY CARE FOR INDIVIDUALS AFFECTED BY HIV (5,687 CLIENTS ASSISTED), OFFERING COMPREHENSIVE SENIOR SERVICES (672,946 SENIOR MEALS SERVED), IMPROVING THE BUILT ENVIRONMENT TO BE MORE CONDUCIVE FOR HEALTHY LIFESTYLES, AND PROVIDING PANDEMIC RESPONSE SERVICES. UWCA'S COVID RESPONSE PROGRAM LAUNCHED IN LATE 2021 SERVED 50 CLIENTS WITH SERVICES RELATED TO ISOLATION AND ACCESS TO FOOD.

4b (Code: ) (Expenses \$ 12,512,672. including grants of \$ 5,624,511. ) (Revenue \$ 206,928. ) ACCESS TO SERVICES - UWCA TAKES A LEADERSHIP ROLE IN BUILDING A STATEWIDE INFORMATION NETWORK ENTITLED 2-1-1 CONNECTING ALABAMA, AN INNOVATIVE INFORMATION AND REFERRAL STRATEGY ENSURING ALL ALABAMIANS HAVE THE ABILITY TO CONNECT WITH AVAILABLE RESOURCES IN THEIR COMMUNITIES. IN 2021, 2-1-1 RESPONDED TO 49,759 CALLS UTILIZING A CONTINUOUSLY UPDATED DATABASE TO ASSIST CALLERS. 2-1-1 PROVIDES REFERRALS FOR ALL 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. UWCA'S 2-1-1 CALL CENTER IS THE FIRST AND ONLY CALL

4c (Code: ) (Expenses \$ 8,564,466. including grants of \$ 852,845. ) (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 SUCCESS BY SIX INITIATIVE IMPROVES SCHOOL READINESS BY ENGAGING PRE-K EDUCATORS AND PROVIDING HIGH QUALITY EARLY LEARNING CURRICULUM, STATE-OF-THE ART CLASSROOM MATERIALS AND EQUIPMENT AND EVALUATION. IN 2021, THE PROGRAM SERVED 1,878 STUDENTS. IN ADDITION, OUR HELP ME GROW CENTRAL ALABAMA PROGRAM SERVED 118 FAMILIES (WITH 207 CHILDREN) AND CONNECTED FAMILIES WITH COMMUNITY-BASED DEVELOPMENTAL AND BEHAVIORAL RESOURCES SO CHILDREN CAN START SCHOOL HEALTHY AND READY TO SUCCEED.

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

4e Total program service expenses 96,020,032.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> See instructions .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 260	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 47		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 46		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**CHRIS SMITH - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN A. LANGLOH PRESIDENT & CEO	40.00 4.00	X		X				441,346.	0.	61,750.
(2) JOHN TURNER BOARD CHAIR	5.00 0.00	X						0.	0.	0.
(3) MALLIE IRELAND IMMEDIATE PAST CHAIR	1.00 0.00	X						0.	0.	0.
(4) MARK A. CROSSWHITE EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(5) GREG KING EXECUTIVE COMMITTEE	1.00 0.00	X						0.	0.	0.
(6) EDWARD L. RAND JR. TREASURER	1.00 0.00	X						0.	0.	0.
(7) TODD CARLISLE CHAIR OF AUDIT	1.00 0.00	X						0.	0.	0.
(8) ALAN ROGERS SECRETARY	1.00 0.00	X						0.	0.	0.
(9) KEN CARLSON CHAIR OF INVESTMENTS	1.00 0.00	X						0.	0.	0.
(10) NANCY GOEDECKE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(11) MATTHEW DENT CHAIR OF MARKETING & COMMUNICATIONS	1.00 0.00	X						0.	0.	0.
(12) DR. TRACEY MORANT ADAMS CHAIR OF COMMUNITY IMPACT	1.00 0.00	X						0.	0.	0.
(13) CHIP BIVENS JR. VICE CHAIRMAN OF THE BOARD	1.00 0.00	X						0.	0.	0.
(14) DOUG COLTHARP CAMPAIGN CHAIR	5.00 0.00	X						0.	0.	0.
(15) JEFF STONE CHAIR OF LEGACY GIFTS	1.00 0.00	X						0.	0.	0.
(16) PAULA DRAKE CHAIR OF PUBLIC RELATIONS & COMMUNI	1.00 0.00	X						0.	0.	0.
(17) ALESIA JONES CHAIR OF COMMUNITY INITIATIVES	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOW BRIGGS MD EXECUTIVE COMMITTEE	1.00 0.00	X						0.	0.	0.
(19) RICHARD BIELEN EXECUTIVE COMMITTEE	1.00 0.00	X						0.	0.	0.
(20) JOE HAMPTON EXECUTIVE COMMITTEE	1.00 0.00	X						0.	0.	0.
(21) ROBERT ALAND BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(22) JAY BRANDRUP BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(23) MAGGIE BROOKE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(24) MYLA CALHOUN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(25) SHERI COOK BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(26) MARY WYATT CRENSHAW BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								441,346.	0.	61,750.
<b>c Total from continuation sheets to Part VII, Section A</b>								988,742.	0.	217,112.
<b>d Total (add lines 1b and 1c)</b>								1,430,088.	0.	278,862.

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 **10**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
STEWART/PERRY COMPANY, INC 4855 OVERTON ROAD, BIRMINGHAM, AL 35210	CONSTRUCTION CONTRACTOR	302,325.
MARTIN RETAIL GROUP, LLC, 13249 COLLECTIONS CENTER DR., CHICAGO, IL 60693	ADVERTISING	254,585.
COBBS ALLEN 115 OFFICE PARK DR, BIRMINGHAM, AL 35223	BROKER/CONULTANT	202,553.
CREATIVE DIRECTIONS, INC 1908 GREEN LEAF CIRCLE, HOOVER, AL 35244	ADVERTISING	178,550.
WARREN AVERETT 2500 ACTON ROAD, BIRMINGHAM, AL 35243	ANNUAL AUDIT AND TAX RETURNS	138,199.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

(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) GREG CURRAN 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) YOLANDA FOX BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(30) ELEANOR GRIFFIN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(31) JOHN HACKETT BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(32) RAYMOND HARBERT JR. BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(33) MARK IMG BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(34) LUCY MARSH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(35) KATIE BEE MARSHALL BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(36) EMMETT E. MCLEAN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(37) LAUREN PEARSON BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(38) ALAN REGISTER BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(39) DAWN HELMS SHARFF BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(40) HANS SITARZ BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(41) ANDREA SMITH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(42) JIM SMITH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(43) BRYSON STEPHENS BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(44) DR. MARK SULLIVAN BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(45) BO TAYLOR BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(46) KEVIN WARD 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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	107,250.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	49,500.				
	<b>1 d</b>	Related organizations	200,000.				
	<b>1 e</b>	Government grants (contributions)	52,927,945.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	42,641,568.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 1,197,374.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		95,926,263.			
	Program Service Revenue	<b>2 a</b>	SALES AND SERVICE TO THE PUBLIC	Business Code 561000	979,123.	979,123.	
<b>2 b</b>		RENTAL REVENUE -AGENCY/AFFILIATES	531120	262,614.	262,614.		
<b>2 c</b>		CAMPAIGN MANAGEMENT FEES	561499	4,500.	4,500.		
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		1,246,237.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		619,978.		619,978.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,210,509.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	2,185,240.				
	<b>7 c</b>	Gain or (loss)	1,025,269.				
	<b>7 d</b>	Net gain or (loss)		1,025,269.		1025269.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 49,500. of contributions reported on line 1c). See Part IV, line 18	8a	769.				
<b>8 b</b>	Less: direct expenses	8b	201,758.				
<b>8 c</b>	Net income or (loss) from fundraising events			-200,989.		-200,989.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	9a					
<b>9 b</b>	Less: direct expenses	9b					
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold	10b					
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	AGENCY HEALTH INSURANCE REVENUE	Business Code 524298	8,577,850.	8,577,850.		
	<b>11 b</b>	COST RECOVERY FEES	561499	161,634.	161,634.		
	<b>11 c</b>	MISCELLANEOUS	561499	40,255.	40,255.		
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		8,779,739.			
<b>12</b>	<b>Total revenue.</b> See instructions		107396497.	10025976.	0.	1444258.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,143,269.	28,143,269.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	34,428,884.	34,428,884.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,429,049.	652,843.	428,794.	347,412.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,083,239.	2,780,733.	1,824,379.	1,478,127.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,263,188.	566,447.	399,114.	297,627.
<b>9</b> Other employee benefits	943,089.	436,597.	291,584.	214,908.
<b>10</b> Payroll taxes	525,405.	245,141.	146,715.	133,549.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	780,636.	780,636.		
<b>c</b> Accounting	322,939.	263,823.	59,116.	
<b>d</b> Lobbying	48,000.		48,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	163,206.	163,206.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	687,026.	478,103.	136,863.	72,060.
<b>12</b> Advertising and promotion	321,949.	7,784.	12,650.	301,515.
<b>13</b> Office expenses	644,866.	271,716.	95,353.	277,797.
<b>14</b> Information technology	494,369.	171,914.	298,120.	24,335.
<b>15</b> Royalties				
<b>16</b> Occupancy	476,995.	-397,008.	480,157.	393,846.
<b>17</b> Travel	40,972.	21,367.	9,785.	9,820.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,197.	2,541.	3,001.	5,655.
<b>20</b> Interest	111,346.	111,346.		
<b>21</b> Payments to affiliates	825,911.	825,911.		
<b>22</b> Depreciation, depletion, and amortization	1,175,970.	1,011,772.	136,891.	27,307.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MEDICAL/HEALTH SERVICES</b>	12,543,518.	12,543,518.		
<b>b</b> <b>AGENCY HEALTH INSURANCE</b>	9,920,508.	9,920,508.		
<b>c</b> <b>INITIATIVE FUNDING, NET</b>	1,155,933.	923,484.	233,218.	-769.
<b>d</b> <b>EMERGENCY FINANCIAL AST</b>	667,498.	667,498.		
<b>e</b> All other expenses	880,855.	997,999.	-122,557.	5,413.
<b>25</b> Total functional expenses. Add lines 1 through 24e	104,089,817.	96,020,032.	4,481,183.	3,588,602.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	296,761.	<b>1</b>	320,876.
	<b>2</b> Savings and temporary cash investments .....	12,672,172.	<b>2</b>	12,023,657.
	<b>3</b> Pledges and grants receivable, net .....	43,902,610.	<b>3</b>	47,568,506.
	<b>4</b> Accounts receivable, net .....	324,276.	<b>4</b>	1,003,729.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	49,155.	<b>8</b>	33,721.
	<b>9</b> Prepaid expenses and deferred charges .....	309,056.	<b>9</b>	428,760.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,369,790.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,963,284.		
	<b>11</b> Investments - publicly traded securities .....	19,003,160.	<b>10c</b>	18,406,506.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	27,507,478.	<b>11</b>	31,448,300.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	10,867,354.	<b>12</b>	11,696,400.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,073,940.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	119,005,962.	<b>15</b>	3,965,085.	
		<b>16</b>	126,895,540.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,336,663.	<b>17</b>	7,438,651.
	<b>18</b> Grants payable .....	8,436,345.	<b>18</b>	8,867,895.
	<b>19</b> Deferred revenue .....	371,671.	<b>19</b>	473,153.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,500,000.	<b>23</b>	2,380,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	7,462,670.	<b>25</b>	4,719,875.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	25,107,349.	<b>26</b>	23,879,574.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	46,121,682.	<b>27</b>	51,002,050.
	<b>28</b> Net assets with donor restrictions .....	47,776,931.	<b>28</b>	52,013,916.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	93,898,613.	<b>32</b>	103,015,966.
	<b>33</b> Total liabilities and net assets/fund balances .....	119,005,962.	<b>33</b>	126,895,540.



**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	107,396,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,089,817.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,306,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93,898,613.
5	Net unrealized gains (losses) on investments	5	2,972,559.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-10,970.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,849,085.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,015,967.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	66321133.	74695640.	79864223.	92465592.	95926263.	409272851
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	66321133.	74695640.	79864223.	92465592.	95926263.	409272851
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						409272851

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	66321133.	74695640.	79864223.	92465592.	95926263.	409272851
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	931,312.	819,470.	1061011.	880,279.	619,978.	4312050.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3719323.	13439423.	10737760.	10832810.	8779739.	47509055.
<b>11 Total support.</b> Add lines 7 through 10						461093956
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,103,226.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.76 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	89.52 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**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 AGENCY HEALTH INSURANCE PROGRAM REVENUE, 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 B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED WAY OF CENTRAL ALABAMA, INC.

Employer identification number

63-0288846

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>	Employer identification number  <b>63-0288846</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH AND HUMAN SERVICES  PO BOX 6021  ROCKVILLE, MD 20852	\$ 17,359,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF VETERAN AFFAIRS  810 VERMONT AVENUE NORTHWEST  WASHINGTON, DC 20420	\$ 2,751,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALABAMA DEPARTMENT OF PUBLIC HEALTH  201 MONROE STREET, SUITE 1400  MONTGOMERY, AL 36104	\$ 34,982,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>	Employer identification number  <b>63-0288846</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>	Employer identification number  <b>63-0288846</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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

**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 <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>	Employer identification number <b>63-0288846</b>
--	---

**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-.

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

Schedule C (Form 990) 2021

LHA

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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? .....														

Yes  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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	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
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		0.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		48,000.
<b>j</b> Total. Add lines 1c through 1i .....			48,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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.

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

OMB No. 1545-0047

**2021**

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 .....		12
2 Aggregate value of contributions to (during year) .....		289,149.
3 Aggregate value of grants from (during year) .....		163,413.
4 Aggregate value at end of year .....		752,893.
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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,479,599.	16,017,923.	14,134,515.	17,797,065.	15,335,704.
b Contributions	1,580,954.	1,135,266.	175,801.	961,060.	640,192.
c Net investment earnings, gains, and losses	1,671,606.	1,539,624.	2,015,060.	-463,524.	2,051,249.
d Grants or scholarships					
e Other expenditures for facilities and programs	192,478.	161,969.	259,790.	4,113,950.	172,227.
f Administrative expenses	64,786.	51,246.	47,663.	46,136.	57,853.
g End of year balance	21,474,895.	18,479,599.	16,017,923.	14,134,515.	17,797,065.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  29.7400 %
  - b Permanent endowment  54.9200 %
  - c Term endowment  15.3400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,637,878.		1,637,878.
b Buildings	1,225,000.	11,951,329.	1,784,277.	11,392,052.
c Leasehold improvements		7,265,093.	3,013,939.	4,251,154.
d Equipment		2,280,912.	1,165,068.	1,115,844.
e Other		9,578.		9,578.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,406,506.

**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	11,696,400.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,696,400.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR PENSION BENEFITS	2,610,257.
(3) OTHER LIABILITIES	35,625.
(4) POSTRETIREMENT BENEFIT LIABILITY	1,152,863.
(5) RESERVE FOR AFI PROGRAM	195,526.
(6) RESERVE FOR SELF INSURANCE PLAN	725,604.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,719,875.

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

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

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

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

**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.

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

**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, 2021, THAT IT WOULD BE UNABLE TO SUBSTANTIATE. UNITED WAY HAS FILED ITS NOT-FOR-PROFIT TAX RETURNS FOR ALL YEARS THROUGH DECEMBER 31, 2020. YEARS ENDED DECEMBER 31, 2018 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))	
		CAMPAIGN KICKOFF (event type)	J MASON DAVIS LEADER (event type)	8 (total number)		
Revenue	1	Gross receipts	40,000.	6,000.	4,269.	50,269.
	2	Less: Contributions	40,000.	6,000.	3,500.	49,500.
	3	Gross income (line 1 minus line 2)			769.	769.
Direct Expenses	4	Cash prizes	0.	0.	0.	
	5	Noncash prizes	577.	0.	0.	577.
	6	Rent/facility costs	9,010.	0.	87,926.	96,936.
	7	Food and beverages	15.	750.	79,518.	80,283.
	8	Entertainment	1,500.	0.	5,000.	6,500.
	9	Other direct expenses	25.	57.	17,380.	17,462.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-200,989.

**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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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)	602,689.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
AIDS ALABAMA, INC. PO BOX 55703 BIRMINGHAM, AL 35255-3521	58-1727755	501(C)(3)	65,424.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ALABAMA GOODWILL INDUSTRIES, INC. 2350 GREENSPRINGS HWY. BIRMINGHAM, AL 35205	63-0288794	501(C)(3)	58,173.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ALABAMA HEAD INJURY FOUNDATION, INC. - 3100 LORNA ROAD SUITE 226 - BIRMINGHAM, AL 35216	63-0893496	501(C)(3)	154,052.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ALABAMA KIDNEY FOUNDATION, INC. 2012 UNIVERSITY BLVD., P O BOX 1250 BIRMINGHAM, AL 35202	51-0189641	501(C)(3)	101,294.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ALETHEIA HOUSE 201 FINLEY AVE. W. BIRMINGHAM, AL 35204	63-0644067	501(C)(3)	399,416.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 102.**

**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) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S OF CENTRAL ALABAMA 300 OFFICE PARK DR STE 200 BIRMINGHAM, AL 35223	63-1068096	501(C)(3)	7,133.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
AMELIA CENTER C/O CHILDREN'S HOSPITAL, 1600 7TH AVENUE, SOUTH - BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	77,262.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
AMERICAN BASEBALL FOUNDATION 833 ST. VINCENTS DR, STE. 205A BIRMINGHAM, AL 35205	88-0313231	501(C)(3)	10,000.	0.	N/A	N/A	BOLD GOALS
AMERICAN CANCER SOCIETY MID-SOUTH DIVISION, INC., 1100 IRELAND WAY, SUITE 201 - BIRMINGHAM, AL 35205	13-1788491	501(C)(3)	569,216.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
AMERICAN HEART ASSOCIATION, INC. 1101 NORTHCHASE PKWY, STE. 1 MARIETTA, GA 30067	12-5613797	501(C)(3)	423,815.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
AMERICAN RED CROSS - MID ALABAMA REGION - 114 22ND STREET SOUTH, STE 750 - BIRMINGHAM, AL 35212	53-0196605	501(C)(3)	2,519,873.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ARC OF CENTRAL ALABAMA 6001 CRESTWOOD BLVD. BIRMINGHAM, AL 35212	63-0375738	501(C)(3)	545,351.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ARC OF SHELBY COUNTY 203 AMPHITHEATER RD. PELHAM, AL 35124	63-0988453	501(C)(3)	125,073.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ARC OF ST. CLAIR COUNTY PO BOX 301410 MONTGOMERY, AL 36130-1410	23-7299709	501(C)(3)	43,289.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF WALKER COUNTY 745 RUSSELL DAIRY ROAD JASPER, AL 35503	63-0760044	501(C)(3)	344,741.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ASSISTANCE LEAGUE OF BIRMINGHAM 1745 OXMOOR RD HOMEWOOD, AL 35209	63-6105376	501(C)(3)	5,099.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
BETTER BASICS 1231 2ND AVE SO. BIRMINGHAM, AL 35233	63-1106040	501(C)(3)	150,195.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BIG BROTHERS/BIG SISTERS OF GREATER BIRMINGHAM - 1901 14TH AVE. SOUTH - SUMITON, AL 35205	63-0647080	501(C)(3)	358,855.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BIRMINGHAM CITY SCHOOLS 901 9TH AVE. W. BIRMINGHAM, AL 35204	63-6000767	501(C)(3)	21,420.	0.	N/A	N/A	CENTRAL AL CHILDREN'S FUND
BIRMINGHAM JEWISH FEDERATION PO BOX 130219 BIRMINGHAM, AL 35213	63-1045456	501(C)(3)	31,103.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BIRMINGHAM URBAN LEAGUE PO BOX 11269 BIRMINGHAM, AL 35202	63-0516655	501(C)(3)	141,116.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BLOUNT COUNTY AID TO HOMELESS CHILDREN (DHR) - C/O DEPARTMENT OF HUMAN RESOURCES - ONEONTA, AL 35121	63-1104139	GOVERNMENT ENTIT	45,116.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BLOUNT COUNTY CHILDREN'S CENTER 1601 1ST AVE. W ONEONTA, AL 35121	63-0900348	501(C)(3)	103,352.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOUNT COUNTY EDUCATION FOUNDATION P. O. BOX 603 ONEONTA, AL 35121	63-1215348	501(C)(3)	33,000.	0.	N/A	N/A	BOLD GOALS
BOY SCOUTS OF AMERICA - GREATER ALABAMA COUNCIL - P O BOX 43307 - BIRMINGHAM, AL 35243-0307	63-0302107	501(C)(3)	836,480.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BOY SCOUTS OF AMERICA - BLACK WARRIOR COUNCIL - P O DRAWER 3088 - TUSCALOOSA, AL 35403	63-0288816	501(C)(3)	72,822.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BOYS & GIRLS CLUB OF CENTRAL ALABAMA - P O BOX 10391 - BIRMINGHAM, AL 35202	63-0302102	501(C)(3)	583,155.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
BRIDGEWAYS (FORMERLY CAMP FIRE AL) 106 OXMOOR RD., STE. 152 BIRMINGHAM, AL 35209	63-0498347	501(C)(3)	862,397.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CAHABA VALLEY HEALTH CARE 1515 6TH AVE SO BIRMINGHAM, AL 35233	63-1254350	501(C)(3)	44,939.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
CATHOLIC CHARITIES PO BOX 12047 BIRMINGHAM, AL 35202	63-0581368	501(C)(3)	19,863.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC FAMILY SERVICES DIOCESE OF BIRMINGHAM ALABAMA, PO BOX 12047 - BIRMINGHAM, AL 35202-2047	63-0581368	501(C)(3)	139,084.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
CHILDCARE RESOURCES 244 WEST VALLEY AVENUE SUITE 200 BIRMINGHAM, AL 35209	63-0882628	501(C)(3)	580,178.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS AID SOCIETY 2141 14TH AVE S BIRMINGHAM, AL 35205	63-0288823	501(C)(3)	799,934.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
CHILDRENS OF ALABAMA 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	532,299.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
CHILTON COUNTY UNITED WAY P O BOX 1104 CLANTON, AL 35045	63-0912405	501(C)(3)	7,263.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CHILTON COUNTY YMCA 405 OLLIE AVENUE CLANTON, AL 35045	63-0921199	501(C)(3)	8,307.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST HEALTH CENTER 5720 1ST AVE SO BIRMINGHAM, AL 35212	20-1935552	501(C)(3)	6,067.	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)	35,754.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR ROAD, STE 205 BIRMINGHAM, AL 35213	63-1015318	501(C)(3)	105,573.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
COMMUNITY FOOD BANK OF CENTRAL AL 107 WALTER DAVIS DR BIRMINGHAM, AL 35209	63-0837956	501(C)(3)	311,264.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
CONCERNED CITIZENS FOR OUR YOUTH, INC. (BEACON HOUSE) - 1200 BEACON LN - JASPER, AL 35504	63-0640563	501(C)(3)	161,258.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS CENTER, INC. 3600 8TH AVENUE SOUTH BIRMINGHAM, AL 35222	63-0583947	501(C)(3)	655,727.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
DEVELOPING ALABAMA YOUTH FOUNDATION, INC. - P O BOX 1811 - ALABASTER, AL 35007	63-0848101	501(C)(3)	116,941.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
EASTER SEALS OF THE BIRMINGHAM AREA - 2717 3RD AVE SO - BIRMINGHAM, AL 35233	63-0570609	501(C)(3)	156,341.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
FAMILY CONNECTION, INC. P O BOX 535 SAGINAW, AL 35137	63-0844906	501(C)(3)	188,978.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
FAMILY RESOURCE CENTER OF NW AL, INC. - DBA DAYBREAK, P O BOX 3429 - JASPER, AL 35502	63-0929167	501(C)(3)	142,177.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
FELLOWSHIP HOUSE, INC. 1625 12TH AVE. SO. BIRMINGHAM, AL 35205	63-0509822	501(C)(3)	234,148.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
GATEWAY 1401 20TH STREET SO. BIRMINGHAM, AL 35205	63-0288854	501(C)(3)	1,008,788.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
GIRL SCOUTS OF NORTH CENTRAL ALABAMA - 105 HEATHERBROOKE PARK DRIVE - BIRMINGHAM, AL 35242-8008	63-0288834	501(C)(3)	476,739.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
GIRLS INCORPORATED OF CENTRAL ALABAMA - P O BOX 130729 - BIRMINGHAM, AL 35213	63-0328643	501(C)(3)	719,991.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENWOOD, INC. 150 GLENWOOD LANE BIRMINGHAM, AL 35242	23-7396710	501(C)(3)	128,235.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
GREATER BIRMINGHAM HABITAT FOR HUMANITY - P O BOX 540 - FAIRFIELD, AL 35064	63-0962910	501(C)(3)	311,998.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
HISPANIC INTEREST COALITION OF ALABAMA (HICA) - PO BOX 190299 - BIRMINGHAM, AL 35219	63-1225764	501(C)(3)	110,303.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
IMPACT FAMILY COUNSELING, INC. 1000 24TH STREET SO. BIRMINGHAM, AL 35205	58-2112829	501(C)(3)	91,833.	0.	N/A	N/A	BOLD GOALS
DISABILITY RIGHTS & RESOURCES (INDEPENDENT LIVING RESOURCES OF GREATER BIRMINGHA - D/B/A DISABLITY RIGHTS AND RESOURCES,	58-2039158	501(C)(3)	134,726.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
JEFFERSON COUNTY SCHOOLS 2100 18TH STREET SO BIRMINGHAM, AL 35209	58-2099274	GOVERNMENT ENTIT	23,250.	0.	N/A	N/A	CENTRAL AL CHILDREN'S FUND
JUNIOR ACHIEVEMENT OF ALABAMA 216 AQUARIUS DR. BIRMINGHAM, AL 35209	63-0340866	501(C)(3)	12,089.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
KID ONE TRANSPORT SYSTEM, INC. PO BOX 11864 BIRMINGHAM, AL 35202	63-1165579	501(C)(3)	17,416.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
LAKESIDE HOSPICE PO BOX 544 PELL CITY, AL 35125	63-1035850	501(C)(3)	24,300.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY YMCA 1501 4TH AVENUE SW BESSEMER, AL 35022	63-0288881	501(C)(3)	86,864.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
LEGAL AID SOCIETY OF BIRMINGHAM 2021 2ND AVE. NORTH BIRMINGHAM, AL 35203	63-0341366	501(C)(3)	21,938.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD. BIRMINGHAM, AL 35213	63-0288848	501(C)(3)	222,263.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
LIFELINE CHILDREN'S SERVICES 2104 ROCKY RIDGE RD. BIRMINGHAM, AL 35216	63-0896878	501(C)(3)	7,212.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
MITCHELL'S PLACE INC 4778 OVERTON RD BIRMINGHAM, AL 35210	20-1056421	501(C)(3)	48,250.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY-ALABAMA CHAPTER - 2200 WOODCREST PLACE, STE 230 - BIRMINGHAM, AL 35209	63-0367194	501(C)(3)	9,250.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
OASIS, A COUNSELING CENTER FOR WOMEN AND CHILDREN - 1900 - 14TH AVENUE SO - BIRMINGHAM, AL 35205	63-1128764	501(C)(3)	81,628.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
PATHWAYS 409 RICHARD ARRINGTON JR. BLVD N. BIRMINGHAM, AL 35203	63-0867285	501(C)(3)	298,859.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
POSITIVE MATURITY, INC 3918 MONTCLAIR RD, SUITE 200 BIRMINGHAM, AL 35213	63-0590338	501(C)(3)	570,200.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUARTERBACKING CHILDREN'S HEALTH FOUNDATION - 2019 4TH AVE N - BIRMINGHAM, AL 35203	63-0288872	501(C)(3)	14,505.	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)	37,529.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ALABAMA - 1700 4TH AVENUE SOUTH - BIRMINGHAM, AL 35233	63-0753358	501(C)(3)	141,349.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SAFEHOUSE OF SHELBY COUNTY PO BOX 275 PELHAM, AL 35124	63-1007280	501(C)(3)	113,091.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SALVATION ARMY - BIRMINGHAM, ALABAMA AREA COMMAND - P O BOX 11005 - BIRMINGHAM, AL 35202	63-0288866	501(C)(3)	1,480,852.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SALVATION ARMY - WALKER COUNTY P O BOX 1513 JASPER, AL 35502	58-0660607	501(C)(3)	87,962.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SHELBY COUNTY CHILDREN'S ADVOCACY CENTER - OWENS HOUSE - P O BOX 1145 - COLUMBIANA, AL 35051	63-1096608	501(C)(3)	45,068.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SHELBY COUNTY SCHOOLS 410 EAST COLLEGE ST. COLUMBIANA, AL 35051	63-6001081	501(C)(3)	6,826.	0.	N/A	N/A	CENTRAL AL CHILDREN'S FUND
SHELBY EMERGENCY ASSISTANCE, INC. 3822 HWY 25 MONTEVALLO, AL 35115	63-0816556	501(C)(3)	196,189.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICKLE CELL DISEASE ASSOCIATION - CENTRAL ALABAMA CHAPTER - 3813 AVENUE I ENSLEY - BIRMINGHAM, AL 35218	63-0760935	501(C)(3)	58,608.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
SOZO CHILDREN INTERNATIONAL 4 41ST STREET S. BIRMINGHAM, AL 35222	27-4552700	501(C)(3)	9,726.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
ST CLAIR COUNTY DAY PROGRAM, INC. P O BOX 1653 ASHVILLE, AL 35953	63-1211993	501(C)(3)	95,725.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ST CLAIR COUNTY DHR 3105 15TH AVENUE NORTH PELL CITY, AL 35125	63-1104139	501(C)(3)	43,695.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ST. CLAIR CHILDREN'S ADVOCACY CENTER - THE CHILDREN'S PLACE - ST CLAIR CHILDREN'S ADVOCACY CENTER - PELL CITY, AL 35125-3620	58-2027454	501(C)(3)	41,521.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
ST. VINCENTS FOUNDATION 1 MEDICAL PARK DR. EAST BIRMINGHAM, AL 35235	63-0972435	501(C)(3)	14,850.	0.	N/A	N/A	BOLD GOALS
STAIR OF BIRMINGHAM 3703 5TH AVENUE S BIRMINGHAM, AL 35222	20-3541638	501(C)(3)	7,512.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
TENTH JUDICIAL CIRCUIT DISTRICT ATTORNEY'S OFFICE - 2121 REV ABRAHAM WOODS JR BLVD, STE 1623 - BIRMINGHAM, AL 35203	63-0774372	GOVERNMENT ENTIT	24,374.	0.	N/A	N/A	BOLD GOALS
THE KING'S HOME PO BOX 162 CHELSEA, AL 35043	63-0760276	501(C)(3)	10,973.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LITERACY COUNCIL OF CENTRAL ALABAMA - 2301 1ST AVENUE NORTH, STE. 102 - BIRMINGHAM, AL 35203	63-1051186	501(C)(3)	179,087.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
THE LOVELADY CENTER 7916 2ND AVE SO BIRMINGHAM, AL 35206	72-1344856	501(C)(3)	9,169.	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)	232,208.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
UNITED ABILITY 100 OSLO CIRCLE BIRMINGHAM, AL 35211	63-0307960	501(C)(3)	642,579.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
UNITED COMMUNITY CENTERS, INC. 3617 HICKORY AVENUE SW BIRMINGHAM, AL 35221	63-0678752	501(C)(3)	81,508.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
UNITED WAY OF BALDWIN COUNTY INC. PO BOX 244 FOLEY, AL 36536	63-1050217	501(C)(3)	5,080.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF ETOWAH COUNTY AL INC. - PO BOX 1175 - GADSDEN, AL 35902	63-0375616	501(C)(3)	14,001.	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)	28,383.	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)	29,492.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WEST ALABAMA INC. PO BOX 2291 TUSCALOOSA, AL 35403	63-0321464	501(C)(3)	7,597.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
WIREGRASS UNITED WAY PO BOX 405 DOTHAN, AL 36302	63-6000270	501(C)(3)	10,081.	0.	N/A	N/A	DONOR DESIGNATED FOR GENERAL SUPPORT
WORKSHOPS, INC. 4244 3RD AVE. SO. BIRMINGHAM, AL 35222	63-0320201	501(C)(3)	654,738.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
YMCA OF GREATER BIRMINGHAM, INC. 2101 4TH AVE N BIRMINGHAM, AL 35203	63-0299894	501(C)(3)	728,872.	0.	N/A	N/A	ALLOCATIONS (GENERAL OPERATING)
YMCA-SHADES VALLEY FAMILY BRANCH 3551 MONTGOMERY HWY BIRMINGHAM, AL 35209	63-0299894	501(C)(3)	15,000.	0.	N/A	N/A	BOLD GOALS
YWCA OF CENTRAL AL 309 NO. 23RD STREET BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	1,352,964.	0.	N/A	N/A	BOLD GOALS

**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 (SEE SUPPLEMENTAL INFORMATION)	368	514,449.	0.	N/A	
ASSISTANCE PROVIDED TO VETERANS (SEE SUPPLEMENTAL INFORMATION)	578	1,295,704.	0.	N/A	
ASSISTANCE PROVIDED TO PEOPLE LIVING WITH HIV (SEE SUPPLEMENTAL INFORMATION)	5687	31,528,650.	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. ASSISTANCE PROVIDED TO PEOPLE LIVING WITH HIV. FUNDED BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES THROUGH THE STATE OF ALABAMA DEPARTMENT OF PUBLIC HEALTH.

**PART II, ASSISTANCE TO SUBSIDIARIES**

**Part IV** Supplemental Information

UNITED WAY OF CENTRAL ALABAMA PROVIDES GRANTS AND ASSISTANCE TO ITS 501(C)(3) SUBSIDIARIES TO FURTHER THEIR PROGRAMS AND MISSION. THESE GRANTS ARE REPORTED AS PART OF THE INTERCOMPANY RECEIVABLE AND PAYABLE ACCOUNTS AT A CONSOLIDATED LEVEL THEREFORE ARE NOT REPORTED AS PART OF THE INCOME STATEMENT FOR BOOK PURPOSES. THE FOLLOWING GRANTS WERE MADE TO UWCA SUBSIDIARIES FOR GENERAL OPERATING SUPPORT:

PRIORITY VETERAN, INC.

PO BOX 320189

BIRMINGHAM, AL 35232-0189

46-3483941

\$48,942

HANDS ON BIRMINGHAM, INC.

PO BOX 320189

BIRMINGHAM, AL 35232-0189

63-1207098

\$355,495

MEALS ON WHEELS OF CENTRAL ALABAMA, INC.

PO BOX 320189

BIRMINGHAM, AL 35232-0189

81-3348268

\$64,873

COMMUNITY PARTNERSHIP OF ALABAMA, INC.

PO BOX 320189

BIRMINGHAM, AL 35232-0189



**Part IV** Supplemental Information

27-1801693

\$395,000

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**UNITED WAY OF CENTRAL ALABAMA, INC.**

Employer identification number  
**63-0288846**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	425,656.	0.	15,690.	43,350.	20,404.	505,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLY CARLTON EXECUTIVE VP & COO	(i)	233,853.	0.	3,706.	35,370.	16,252.	289,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARA NEWELL SR. VP COMMUNITY IMPACT	(i)	144,612.	0.	847.	23,398.	24,013.	192,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMUETTA NESBITT SR. VP COMMUNICATIONS	(i)	125,463.	0.	3,673.	20,184.	13,269.	162,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHIP GRAHAM SR. VP MARKETING	(i)	136,941.	0.	1,144.	21,053.	1,200.	160,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUG GOODWIN VP INFORMATION SYSTEMS	(i)	122,248.	0.	777.	19,485.	18,506.	161,016.	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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF 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	98	1,138,944.	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 ▶ ( <u>HAND SANITIZE</u> )	X	1	48,430.	FMV
26 Other ▶ ( <u>DETOQUEVILLE</u> )	X	1	10,000.	FMV
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 V, 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? b If "Yes," describe the arrangement in Part II.		X
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? b If "Yes," describe in Part II.		X
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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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:

ONE ANOTHER AND TO IMPROVE THEIR COMMUNITY. WE ARE ACTIVELY ENGAGED IN  
BLOUNT, CHILTON, JEFFERSON, SHELBY, ST. CLAIR AND WALKER COUNTIES TO  
CREATE COMMUNITY-BASED SOLUTIONS THAT STRENGTHEN QUALITY OF LIFE. WE  
FIGHT FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON  
IN OUR COMMUNITY. OUR DONORS AND VOLUNTEERS HELP US IMPACT THE LIVES OF  
THOSE IN NEED EVERY DAY. BECAUSE CHANGE DOESN'T HAPPEN ALONE. TO LIVE  
BETTER WE MUST LIVE UNITED.

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

SOLUTIONS THAT STRENGTHEN QUALITY OF LIFE. WE FIGHT FOR THE HEALTH,  
EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. OUR  
DONORS AND VOLUNTEERS HELP US IMPACT THE LIVES OF THOSE IN NEED EVERY  
DAY. BECAUSE CHANGE DOESN'T HAPPEN ALONE. TO LIVE BETTER WE MUST LIVE  
UNITED.

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

CENTER IN THE STATE TO BE ACCREDITED BY THE ALLIANCE OF INFORMATION &  
REFERRAL SYSTEMS (AIRS). IN 2021, UWCA ASSISTED 98 FAMILIES WHOSE HOMES  
WERE DAMAGED OR DESTROYED THROUGH THREE SEVERE WEATHER EVENTS.

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 BY THE AUDIT COMMITTEE IS  
COMPLETED PRIOR TO THE FILING OF THE FORM 990.

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

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. 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.



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

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

CHANGE IN NONOPERATING PENSION COSTS	2,849,085.
--------------------------------------	------------

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.

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

OMB No. 1545-0047

**2021**

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

**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
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	
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	
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) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) COMMUNITY PARTNERSHIP OF ALABAMA, INC.	C	100,000.	FMV
(2) COMMUNITY PARTNERSHIP OF ALABAMA, INC.	D	-250,593.	FMV
(3) COMMUNITY PARTNERSHIP OF ALABAMA, INC.	B	395,000.	FMV
(4) HANDS ON BIRMINGHAM, INC.	E	1,966.	FMV
(5) HANDS ON BIRMINGHAM, INC.	B	355,495.	FMV
(6) MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	B	64,873.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MEALS ON WHEELS OF CENTRAL ALABAMA, INC.	D	49,251.	FMV
(8) PRIORITY VETERAN, INC.	B	48,942.	FMV
(9) PRIORITY VETERAN, INC.	D	-99,757.	FMV
(10) PRIORITY VETERAN, INC.	E	34,699.	FMV
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF CENTRAL ALABAMA, INC.</b>	Taxpayer identification number (TIN) <b>63-0288846</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 320189</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BIRMINGHAM, AL 35232-0189</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**CHRIS SMITH**

• The books are in the care of ▶ **3600 8TH AVENUE SOUTH - BIRMINGHAM, AL 35222**

Telephone No. ▶ **205-458-2089** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.