

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
United Ways of Alabama

D Employer identification number
75-3165175

Doing business as

E Telephone number
334-269-4505

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8 Commerce Street Suite 1140

City or town, state or province, country, and ZIP or foreign postal code
Montgomery AL 36104

G Gross receipts \$ 1,668,073

F Name and address of principal officer:
Becky Booker
8 Commerce Street Suite 1140
Montgomery AL 36104

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: www.unitedwaysofalabama.org **H(c) Group exemption number**

K Form of organization: Corporation Trust Association Other **L Year of formation:** 2004 **M State of legal domicile:** AL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)		3	22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	22	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	6	
	6 Total number of volunteers (estimate if necessary)		6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	317,721	Current Year	594,469
	9 Program service revenue (Part VIII, line 2g)		1,254,784		923,034
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,399		2,241
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,130		105,850
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,632,034		1,625,594
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		315,974		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,333		218,594
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶				0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		885,544		1,525,981
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,401,851		1,744,575	
19 Revenue less expenses. Subtract line 18 from line 12		230,183		-118,981	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	2,494,844	End of Year	2,675,347
	21 Total liabilities (Part X, line 26)		391,854		691,338
	22 Net assets or fund balances. Subtract line 21 from line 20		2,102,990		1,984,009

Part II Signature Block

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

Sign Here

Signature of officer: *Becky Booker* Date: _____
 Type or print name and title: **Becky Booker** **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: James J. Gary, III Preparer's signature: *James J. Gary III* Date: 11-14-22 Check if self-employed PTIN: P00353479

Firm's name: Diamond, Carmichael & Gary, P.A. Firm's EIN: 63-0634040

Firm's address: 475 S Hull St Montgomery, AL 36104 Phone no.: 334-834-7720

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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 \$ 104,487 including grants of \$) (Revenue \$ 104,261)

The UWAL manages the State Combined Campaign for State of Alabama employees. The Campaign raises designated and undesignated contributions from State of Alabama employees for various charitable organizations.

4b (Code:) (Expenses \$ 201,353 including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ 221,699 including grants of \$) (Revenue \$ 165,547)

See Schedule O

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

(Expenses \$ 1,182,252 including grants of \$) (Revenue \$ 653,226)

4e Total program service expenses 1,709,791

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
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. [X] Own website [] Another's website [X] 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: Becky Booker, 8 Commerce Street Suite 1140, Montgomery, AL 36104, 334-269-4505

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Drew Langloh Past President	1.00 0.00	X		X				0	0	0
(2) Marina Simpson President	1.00 0.00	X		X				0	0	0
(3) Jeff Cothran Vice President	1.00 0.00	X		X				0	0	0
(4) Shannon Jenkins Secretary	1.00 0.00	X		X				0	0	0
(5) Clay Vandiver Treasurer	1.00 0.00	X		X				0	0	0
(6) Becky Booker Executive Director	40.00 0.00			X				82,300	0	0
(7) Courtney Layfield Member	1.00 0.00	X						0	0	0
(8) Kaye McFarlen Member	1.00 0.00	X						0	0	0
(9) Becky Benton Member	1.00 0.00	X						0	0	0
(10) Becky Goff Member	1.00 0.00	X						0	0	0
(11) Kathleen Ross Member	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Walter Hill	1.00									
Member	0.00	X						0	0	0
(13) Jennifer McNulty	1.00									
Member	0.00	X						0	0	0
(14) Ruth Moffatt	1.00									
Member	0.00	X						0	0	0
(15) Carrie Thomas	1.00									
Member	0.00	X						0	0	0
(16) Kathy Thrasher	1.00									
Member	0.00	X						0	0	0
(17) Jill Chenoweth	1.00									
Member	0.00	X						0	0	0
(18) Ricky Powell	1.00									
Member	0.00	X						0	0	0
(19) Ron Simmons	1.00									
Member	0.00	X						0	0	0
1b Subtotal								82,300		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								82,300		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 3,349				
	b Membership dues	1b 31,307				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 553,364				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,449				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		594,469			
Program Service Revenue			Business Code			
	2a ARESET Income		618,124	618,124		
	b 211 Dues Income		145,775	145,775		
	c State Combined Campaign		104,261	104,261		
	d ARESET Fee Income		30,884	30,884		
	e 211 AARP Grant Income		15,000	15,000		
	f All other program service revenue		8,990	8,990		
	g Total. Add lines 2a-2f		923,034			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,241	2,241		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8a 148,329					
	b Less: direct expenses	8b 42,479				
c Net income or (loss) from fundraising events		105,850				
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,625,594	925,275	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,844	67,488	14,356	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	92,743	85,108	7,635	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,047	9,883	2,164	
9 Other employee benefits	18,693	15,225	3,468	
10 Payroll taxes	13,267	11,669	1,598	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,503	10,740	2,763	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	15,484	14,946	538	
17 Travel	228	118	110	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,030	953	77	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	237	237		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ARESET Agency Pay	586,791	586,791		
b ADPH Subcontract Pay	275,026	275,026		
c GERF Disaster Respon	192,814	192,814		
d 211 Night & Weekend	99,387	99,387		
e All other expenses	341,481	339,406	2,075	
25 Total functional expenses. Add lines 1 through 24e	1,744,575	1,709,791	34,784	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	72,475	1	259,216
	2	Savings and temporary cash investments	1,829,179	2	1,527,244
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	107,955	4	403,671
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,924		
	10b	Less: accumulated depreciation	10,644	517	280
	11	Investments—publicly traded securities		11	484,936
	12	Investments—other securities. See Part IV, line 11	95,925	12	
	13	Investments—program-related. See Part IV, line 11	388,793	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,494,844	16	2,675,347	
Liabilities	17	Accounts payable and accrued expenses	120,855	17	387,287
	18	Grants payable		18	48,508
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	269,832	21	254,731
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,167	25	812
	26	Total liabilities. Add lines 17 through 25	391,854	26	691,338
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	363,838	27	338,440
	28	Net assets with donor restrictions	1,739,152	28	1,645,569
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,102,990	32	1,984,009
33	Total liabilities and net assets/fund balances	2,494,844	33	2,675,347	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,625,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,744,575
3	Revenue less expenses. Subtract line 2 from line 1	3	-118,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,102,990
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,984,009

Part XII Financial Statements and Reporting

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Amy Peoples, Valerie Burrage, Jackie Wuska, and Ben Moser.

Summary table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

Table for independent contractors with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a summary row 2 at the bottom.

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

United Ways of Alabama

Employer identification number

75-3165175

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) - 100.00%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 - 95.00%; 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - []; 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 17b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - []

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

- 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - 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? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 Total 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 Excess distributions carryover to 2022. 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.)

Supplemental Information

The Organization functions to carry out various charitable campaigns such as the State Combined Campaign for the employees of the State of Alabama and the Hyundai Motor Manufacturing Alabama Team Member Campaign.

The Organization also serves as a combining effort of the local United Way chapters in the State of Alabama. The UWAL provides direct disaster response assistance in addition to managing the Governor's Emergency Relief Fund and the 2-1-1 Connects Alabama program, both of which provide assistance for disaster victims and handicapped people in the State of Alabama. The UWAL also provides help for the homeless. The United Ways of Alabama works to advance the common good in Alabama focusing on education, income and health - the building blocks for a good life.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

United Ways of Alabama

75-3165175

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		10,924	10,644	280
				280

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) Withheld State Income Tax (812), and Total (812).

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,668,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	42,478	
	e Add lines 2a through 2d	2e		42,478
3	Subtract line 2e from line 1		3	1,625,594
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,625,594

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

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

1	Total expenses and losses per audited financial statements		1	1,787,053
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	42,478	
	e Add lines 2a through 2d	2e		42,478
3	Subtract line 2e from line 1		3	1,744,575
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,744,575

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 IV, Line 2b - Escrow Liability Arrangement Explanation

The United Ways of Alabama acts as an agent for the following charitable campaigns: Hyundai Motor Manufacturing Alabama Team Member Campaign, the Alabama State Employees Combined Campaign, and the Alabama State Employees Montgomery Area Charitable Campaign. The UWAL acts as an intermediary for these funds. Funds are electronically remitted and the UWAL disburses these funds based on the designations of the pledge cards by the donors. In addition, the Governor's Office of Volunteer Services also remits funds to the UWAL. The UWAL disburses money based on reimbursement requests submitted.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Part XIII Supplemental Information (continued)

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ 42,478

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ 42,478

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Ways of Alabama

Employer identification number

75-3165175

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

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

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

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

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

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

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

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Bo Bikes Bama</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	148,329		148,329
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	148,329		148,329
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,285		10,285
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	32,194		32,194
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				105,850

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a** The organization's facility
 - b** An outside facility
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

United Ways of Alabama

Employer identification number

75-3165175

Form 990 - Organization's Mission

The organization's purpose is to benefit local Alabama United Way chapters by fundraising on the behalf of its members, to advocate the benefits of local United Ways throughout Alabama, manage and coordinate the "211 Connects Alabama" system and act as an agent for funds restricted by donors for specific agencies or specific purposes.

Form 990, Part III, Line 4b - Second Accomplishment

The United Ways of Alabama (UWAL) has two funds designated for disaster emergency response and relief. The UWAL serves as the fiscal agent for the Governor's Emergency Relief Fund (The Fund). The Fund was established by proclamation to provide assistance to individuals and organizations with recovery costs that are a direct result of a disaster or emergency. The Fund operates on a year-round basis to help residents of Alabama (current and evacuees), local businesses and organizations who have exhausted all other avenues of relief. The focus of funding is to assist with recovery costs that exceed the coverage provided by insurance, government funding and relief organizations. These hardship expenses are termed "Unmet Needs". The UWAL Disaster Reponse fund operates with the Governor's Emergency Relief Fund to provide assistance to individuals and organizations with recovery costs that are a direct result of a disaster or emergency. The Fund also provides funding for community storm shelters to prevent loss of life during inclement weather.

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United Ways of Alabama

Employer identification number

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Form 990, Part III, Line 4c - Third Accomplishment

UWAL manages and funds the telecommunication 2-1-1 information system in the state of Alabama. 2-1-1 provides information to the citizens of the State of Alabama about services offered by local organizations. 2-1-1 partners with state wide initiatives such as the Alabama Compulsive Gambling Hotline, AlaVETNET, and serves as the State of Alabama's point of entry for non emergency calls during times of disaster. 211 can be accessed via the phone, chat via the web, SMS via text message and at its website. 2-1-1 Connects Alabama is the main program of United Ways of Alabama (UWAL) outside the Alabama State Employee Combined Charitable Campaign and the Hyundai Team Member Combined Campaign. UWAL partners with call centers around the state to provide the 2-1-1 service to 100% of Alabama's residents. Currently, UWAL provides all of statewide services for 2-1-1 including the cloud based communication system, toll free service and cost incurred by, as well as provides the Information and Referral software necessary to provide the information and referral service. UWAL staff is the staff that is directly responsible for manning the 2-1-1 post at the Alabama Emergency Operations Center during times of disaster. UWAL's director is responsible for the 2-1-1 program statewide as UWAL has the responsibility of managing and executing it statewide by Alabama's Public Service Commission. 2-1-1 is an easy to remember, national abbreviated dialing code for free access to health and human service information and referral (I&R). In 2021, 2-1-1 helped over 132,000 callers, 249,000 website visits, 2,400 texts and chats and 9,800 disaster related calls. 2-1-1 connectivity is now available in all Alabama counties to residents from all walks of life, but more importantly, to vulnerable populations such as the indigent or elderly, who often slip through the cracks. By making services

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easier to access, 2-1-1 empowers individuals with the information to get help - and to give help. 2-1-1 eliminates barriers and connects people to readily available services that can help. 2-1-1 responds immediately during times of community crisis, to field and direct callers to services, relieving the burden from 9-1-1 and other emergency response agencies. 2-1-1 not only is a conduit to get help, it also is a conduit to give help. Those wanting to volunteer can call 2-1-1 and be matched directly or referred to a "Hands On" program. UWAL is constantly forming partnerships with many groups and State agencies such as: Governors Office of Volunteer Services to use 2-1-1 to prescreen potential applicants who may qualify for disaster case management; the Governor's ALAVETNET to remove barriers to access for our veterans; the Department of Public Health (various programs); and the Department of Human Resources with A-RESET Program. 2-1-1 has made referrals statewide helping people who were adversely affected by natural disasters. UWAL 2-1-1 has also partnered statewide with the homeless coalitions in the Point in Time Count (PiT). The PiT count is to document the number of homeless across Alabama. This count is an important factor in the HUD formula for Alabama's share of federal funding. UWAL is also a partner and supporter of VOAD (Voluntary Organizations Active in Disaster), a vital component to the state's NGO response to disasters (natural and man-made).

Form 990, Part III, Line 4d - All Other Accomplishments

The UWAL contracted with the Alabama Department of Human Resources to deliver training to deliver the ARESET program to assist SNAP clients who are working towards employment. This program assists clients gain skills, training and experience to find and maintain employment.

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UWAL has several grants that work with 2-1-2 to provide wrap-around services for clients with COVID-19 testing and quarantining in order to prevent the spread of COVID-19, support Navigators in federal and state market place partnerships to assist any clients that need or want marketplace insurance, and to provide referrals for any clients with school aged children who are not enrolled in school to address the situation.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Form 990 is provided to the Executive Director (Becky Booker) for approval prior to filing. Mrs. Booker provides a copy of the 990 to the board for review and approval prior to finalizing and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Reviewed annually and disclosed by the Board officers and executive director at each board meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The independent board members hold a separate meeting, at which the executive director is required to be absent, to discuss the salary of executive director. Discussion is held as to the status of the organization and the accomplishments of the executive director. Also made is a comparison with similar positions at other non-profit organizations.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The independent board members decide the salaries of all key employees of the organization. The board discusses the value of the key employees to

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the organization and compare the salaries of similar positions at other comparable non-profit organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Folder is maintained with policies and financial statements at office for public inspection.

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

Description

	Tot/Prog Service	Mgt & General	Fundraising
ASDOE Agency Payment	\$ 98,143	\$ 0	\$ 0
CMS Reimburse UWN	\$ 38,352	\$ 0	\$ 0
CMS Reimburse Lifeli	\$ 36,647	\$ 0	\$ 0
211 Statewide Phone	\$ 32,136	\$ 0	\$ 0
CMS Reimburse Hands	\$ 27,080	\$ 0	\$ 0
211Software	\$ 18,383	\$ 0	\$ 0
211 Smoke Free Home	\$ 14,000	\$ 0	\$ 0
CMS Call Center Scre	\$ 13,863	\$ 0	\$ 0
ASDOE Printing			

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\$	11,566	\$	0	\$	0
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SCC Campaign Materia

\$	6,148	\$	0	\$	0
----	-------	----	---	----	---

ARESET 2-1-1 Line Co

\$	5,575	\$	0	\$	0
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ADPH Direct Services

\$	5,083	\$	0	\$	0
----	-------	----	---	----	---

211 EMS/PP

\$	2,841	\$	0	\$	0
----	-------	----	---	----	---

CMS Communications

\$	2,828	\$	0	\$	0
----	-------	----	---	----	---

211 Counts

\$	2,500	\$	0	\$	0
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SCC Copier

\$	2,004	\$	0	\$	0
----	-------	----	---	----	---

211 Campaign Materia

\$	2,001	\$	0	\$	0
----	-------	----	---	----	---

Hyundai Campaign Mat

\$	1,586	\$	0	\$	0
----	-------	----	---	----	---

SCC Computer Hosting

\$	1,530	\$	0	\$	0
----	-------	----	---	----	---

211 Ride United Gran

\$	1,346	\$	0	\$	0
----	-------	----	---	----	---

SCC Software

\$	1,260	\$	0	\$	0
----	-------	----	---	----	---

ARESET Computer Host

\$	1,185	\$	0	\$	0
----	-------	----	---	----	---

Name of the organization

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CMS Translation Serv

\$	1,152	\$	0	\$	0
----	-------	----	---	----	---

211 Copier

\$	923	\$	0	\$	0
----	-----	----	---	----	---

UWAL Software

\$	0	\$	921	\$	0
----	---	----	-----	----	---

ADPH Direct Program

\$	894	\$	0	\$	0
----	-----	----	---	----	---

211 Translation Serv

\$	882	\$	0	\$	0
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ARESET Copier

\$	866	\$	0	\$	0
----	-----	----	---	----	---

211 Computer Hosting

\$	765	\$	0	\$	0
----	-----	----	---	----	---

CMS Night & Weekend

\$	613	\$	0	\$	0
----	-----	----	---	----	---

UWAL Computer Hostin

\$	0	\$	600	\$	0
----	---	----	-----	----	---

ARESET Expenses

\$	556	\$	0	\$	0
----	-----	----	---	----	---

SCC Telephone

\$	548	\$	0	\$	0
----	-----	----	---	----	---

ARESET Office Suppli

\$	530	\$	0	\$	0
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SCC Website

\$	498	\$	0	\$	0
----	-----	----	---	----	---

211 Website

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	\$	460	\$	0	\$	0
SCC Postage						
	\$	419	\$	0	\$	0
ARESET Software						
	\$	405	\$	0	\$	0
SCC Internet Service						
	\$	390	\$	0	\$	0
CMS 211/UWAL Other						
	\$	350	\$	0	\$	0
ARESET Telephone						
	\$	350	\$	0	\$	0
211 Telephone						
	\$	346	\$	0	\$	0
SCC Office Expense						
	\$	283	\$	0	\$	0
MASCC Telephone						
	\$	202	\$	0	\$	0
211 Internet service						
	\$	195	\$	0	\$	0
CMS Office Expense						
	\$	189	\$	0	\$	0
UWAL Website						
	\$	0	\$	182	\$	0
MASCC Software						
	\$	180	\$	0	\$	0
ARESET Internet						
	\$	176	\$	0	\$	0

Name of the organization

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UWAL Telephone

\$	0	\$	171	\$	0
----	---	----	-----	----	---

SCC Computers, Etc.

\$	164	\$	0	\$	0
----	-----	----	---	----	---

GERF Office Expense

\$	150	\$	0	\$	0
----	-----	----	---	----	---

GERF Postage

\$	134	\$	0	\$	0
----	-----	----	---	----	---

SCC Paypal Fees

\$	104	\$	0	\$	0
----	-----	----	---	----	---

GERF Website

\$	100	\$	0	\$	0
----	-----	----	---	----	---

UWAL Computers, Etc.

\$	0	\$	84	\$	0
----	---	----	----	----	---

ADPH Translation Ser

\$	81	\$	0	\$	0
----	----	----	---	----	---

ARESET Computers, et

\$	80	\$	0	\$	0
----	----	----	---	----	---

211 Office Expense

\$	68	\$	0	\$	0
----	----	----	---	----	---

ARESET Computer Seri

\$	63	\$	0	\$	0
----	----	----	---	----	---

ADPH Postage

\$	51	\$	0	\$	0
----	----	----	---	----	---

211 Disaster Respons

\$	50	\$	0	\$	0
----	----	----	---	----	---

CMS Copier

Name of the organization

Employer identification number

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	\$	47	\$	0	\$	0
UWAL Office Expense						
	\$	0	\$	42	\$	0
UWAL Postage						
	\$	0	\$	36	\$	0
COVID Expenses						
	\$	35	\$	0	\$	0
Bank Fees-GERF						
	\$	33	\$	0	\$	0
UWAL Copier						
	\$	0	\$	29	\$	0
211 Postage						
	\$	13	\$	0	\$	0
UWAL Internet Servic						
	\$	0	\$	10	\$	0
ARESET Postage						
	\$	4	\$	0	\$	0
Total						
	\$	339,406	\$	2,075	\$	0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ 42,478

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ -42,478

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment
Sequence No. **179**

Name(s) shown on return

United Ways of Alabama

Identifying number

75-3165175

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	2,419
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 11	13	2,419

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

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	237

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	237
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

United Ways of Alabama
8 Commerce Street Suite 1140
Montgomery, AL 36104

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

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75-3165175

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Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

Form Unit Asset

Description

Tax

AMT

There are no assets that meet the criteria of this report

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning

, ending

Name

Taxpayer Identification Number

United Ways of Alabama

75-3165175

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	231,120	9,798	-221,322
	2. Membership dues and assessments	31,745	31,307	-438
	3. Government contributions and grants	54,856	553,364	498,508
	4. Program service revenue	1,254,784	923,034	-331,750
	5. Investment income	11,399	2,241	-9,158
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	48,127	105,850	57,723
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	3		-3
	12. Total revenue. Add lines 1 through 11	1,632,034	1,625,594	-6,440
Expenses	13. Grants and similar amounts paid	315,974		-315,974
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	76,500	81,844	5,344
	16. Salaries, other compensation, and employee benefits	123,833	136,750	12,917
	17. Professional fundraising fees			
	18. Other professional fees	11,000	13,503	2,503
	19. Occupancy, rent, utilities, and maintenance	15,484	15,484	
	20. Depreciation and Depletion	239	237	-2
	21. Other expenses	858,821	1,496,757	637,936
	22. Total expenses. Add lines 13 through 21	1,401,851	1,744,575	342,724
	23. Excess or (Deficit). Subtract line 22 from line 12	230,183	-118,981	-349,164
Other Information	24. Total exempt revenue	1,632,034	1,625,594	-6,440
	25. Total unrelated revenue			
	26. Total excludable revenue	1,266,186	925,275	-340,911
	27. Total assets	2,494,844	2,675,347	180,503
	28. Total liabilities	391,854	691,338	299,484
	29. Retained earnings	2,102,990	1,984,009	-118,981
	30. Number of voting members of governing body	23	22	
	31. Number of independent voting members of governing body	23	22	
	32. Number of employees	5	6	
	33. Number of volunteers			

Form **990**

Tax Return History

2021

Employer Identification Number
75-3165175

Name United Ways of Alabama

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	290,735	296,365	508,939	285,976	563,162	
Membership dues	33,835	33,449	31,940	31,745	31,307	
Program service revenue	254,253	255,111	522,018	1,254,784	923,034	
Capital gain or loss	3,843	9,536	18,777	11,399	2,241	
Investment income		64,002	127,787	48,127	105,850	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)	93,728		2,652	3		
Other revenue	676,394	658,463	1,212,113	1,632,034	1,625,594	
Total revenue		38,000	8,500	315,974		
Grants and similar amounts paid						
Benefits paid to or for members	67,389	70,000	64,834	76,500	81,844	
Compensation of officers, etc.	75,991	78,951	102,574	123,833	136,750	
Other compensation	9,500	9,500	9,750	11,000	13,503	
Professional fees	15,483	15,484	15,484	15,484	15,484	
Occupancy costs	1,470	239	239	239	237	
Depreciation and depletion	528,384	177,428	431,330	858,821	1,496,757	
Other expenses	698,217	389,602	632,711	1,401,851	1,744,575	
Total expenses		268,861	579,402	230,183	-118,981	
Excess or (Deficit)						
Total exempt revenue	676,394	658,463	1,212,113	1,632,034	1,625,594	
Total unrelated revenue						
Total excludable revenue	351,824	264,647	543,447	1,266,186	925,275	
Total Assets	1,333,596	1,553,036	2,149,969	2,494,844	2,675,347	
Total Liabilities	309,052	259,631	277,162	391,854	691,338	
Net Fund Balances	1,024,544	1,293,405	1,872,807	2,102,990	1,984,009	

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75-3165175
FYE: 12/31/2021

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income - Hyundai	\$ 22					
GERF Interest Income	1,744					
Interest Income - General	252					
Special Disaster Invest. Inc.	42					
GERF Investment Interest	135					
Investment Interest - General	41					
Interst Income - Special Disa	5					
Total	<u>\$ 2,241</u>					

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Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
ASDOE Agency Payment	98,143	98,143		
CMS Reimburse UWN	38,352	38,352		
CMS Reimburse Lifeli	36,647	36,647		
211 Statewide Phone	32,136	32,136		
CMS Reimburse Hands	27,080	27,080		
211Software	18,383	18,383		
211 Smoke Free Home	14,000	14,000		
CMS Call Center Scrc	13,863	13,863		
ASDOE Printing	11,566	11,566		
SCC Campaign Materia	6,148	6,148		
ARESET 2-1-1 Line Co	5,575	5,575		
ADPH Direct Services	5,083	5,083		
211 EMS/PP	2,841	2,841		
CMS Communications	2,828	2,828		
211 Counts	2,500	2,500		
SCC Copier	2,004	2,004		
211 Campaign Materia	2,001	2,001		
Hyundai Campaign Mat	1,586	1,586		
SCC Computer Hosting	1,530	1,530		
211 Ride United Gran	1,346	1,346		
SCC Software	1,260	1,260		
ARESET Computer Host	1,185	1,185		
CMS Translation Serv	1,152	1,152		
211 Copier	923	923		
UWAL Software	921		921	
ADPH Direct Program	894	894		
211 Translation Serv	882	882		
ARESET Copier	866	866		
211 Computer Hosting	765	765		
CMS Night & Weekend	613	613		
UWAL Computer Hostin	600		600	
ARESET Expenses	556	556		
SCC Telephone	548	548		
ARESET Office Suppli	530	530		
SCC Website	498	498		
211 Website	460	460		
SCC Postage	419	419		
	\$	\$	\$	\$

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Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
ARESET Software	405	405		
SCC Internet Service	390	390		
CMS 211/UWAL Other	350	350		
ARESET Telephone	350	350		
211 Telephone	346	346		
SCC Office Expense	283	283		
MASCC Telephone	202	202		
211 Internet service	195	195		
CMS Office Expense	189	189		
UWAL Website	182		182	
MASCC Software	180	180		
ARESET Internet	176	176		
UWAL Telephone	171		171	
SCC Computers, Etc.	164	164		
GERF Office Expense	150	150		
GERF Postage	134	134		
SCC Paypal Fees	104	104		
GERF Website	100	100		
UWAL Computers, Etc.	84		84	
ADPH Translation Ser	81	81		
ARESET Computers, et	80	80		
ARESET Computer Seri	68	68		
ADPH Postage	63	63		
211 Disaster Respons	51	51		
CMS Copier	50	50		
UWAL Office Expense	47	47		
UWAL Postage	42		42	
COVID Expenses	36		36	
Bank Fees-GERF	35	35		
UWAL Copier	33	33		
211 Postage	29		29	
UWAL Internet Servic	13	13		
ARESET Postage	10		10	
	4	4		
Total	\$ 341,481	\$ 339,406	\$ 2,075	\$ 0

17138 United Ways of Alabama
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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CFC Income	\$ 87
SCC Income	3,262
Dues	31,307
ASDOE Grant Income	109,500
ADPH Grant Income	317,313
CMS Grant Income	126,551
Hyundai Campaign Income	3,454
HAEA Campaign Income	575
Donation to UWAL	2,420
Total	<u>\$ 594,469</u>

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Great Southern Wood Preserving	\$ 10,000	\$
Total	\$ 10,000	\$ 0

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Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
GOFBCI Accounting Fees	\$ 218
211 Counts	2,430
Hyundai Campaign Fees	4,000
ARESET Fee Income	30,884
State Combined Campaign	104,261
211 Dues Income	145,775
ARESET Income	618,124
211 AARP Grant Income	15,000
211 Ride United Grant	1,492
211 Grants	850
Interest Income - Hyundai	22
GERF Interest Income	1,744
Interest Income - General	252
Special Disaster Invest. Inc.	42
GERF Investment Interest	135
Investment Interest - General	41
Interest Income - Special Disa	5
Bo Bikes Bama	148,329
Total	<u>\$ 1,073,604</u>

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Federal Statements

Bo Bikes Bama

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies	\$ 18,161
Shipping Charges	12,833
Photographer	<u>1,200</u>
Total	<u>\$ 32,194</u>