

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ 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 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHWEST ALABAMA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE DRAWER 89 City or town, state or province, country, and ZIP or foreign postal code MOBILE, AL 36601 F Name and address of principal officer: MICHI LUNCEFORD 218 SAINT FRANCIS ST, MOBILE, AL 36602	D Employer identification number 63-0351568 E Telephone number (251) 433-3624 G Gross receipts \$ 4,398,769. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.USWSWA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1926 M State of legal domicile: AL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITY.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14	
	6	Total number of volunteers (estimate if necessary)	6	534	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,196,215.	Current Year 3,470,634.
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,926.	25,119.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	379,832.	362,431.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,603,973.	3,858,184.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,272,017.	2,645,430.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	717,466.	751,775.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 328,835.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	353,111.	461,175.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,342,594.	3,858,380.	
	19	Revenue less expenses. Subtract line 18 from line 12	261,379.	-196.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,049,920.	End of Year 2,841,195.	
	21	Total liabilities (Part X, line 26)	922,671.	716,777.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,127,249.	2,124,418.	

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 MICHI LUNCEFORD, CHIEF FINANCIAL OFFICER Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name GLENN W. BROWN, III	Preparer's signature GLENN W. BROWN, III	Date 02/17/21	Check if self-employed <input type="checkbox"/>	PTIN P00510188
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ PO BOX 70106 MOBILE, AL 36670	Firm's EIN ▶ 72-1396621	Phone no. 251.473.5550		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 2,645,430. including grants of \$ 2,645,430.) (Revenue \$) UWSWA MAKES GRANT ALLOCATIONS TO VARIOUS HEALTH AND HUMAN SERVICE ORGANIZATIONS IN CHOCTAW, CLARKE, MOBILE, AND WASHINGTON COUNTIES IN ITS FOUR BUILDING BLOCKS: LIFE'S BASIC ESSENTIALS, EDUCATION, HEALTH, AND FINANCIAL STABILITY.

FUNDED BASIC ESSENTIALS PROGRAMS INCLUDE: DISASTER CYCLE SERVICES AND SERVICE TO THE ARMED FORCES PROGRAM OF THE AMERICAN RED CROSS OF SOUTH ALABAMA; CLARKE COUNTY EMERGENCY ASSISTANCE PROGRAM OF CATHOLIC SOCIAL SERVICES; SAFETY FIRST A PROGRAM OF COMMUNITY ACTION AGENCY OF SOUTH ALABAMA; FAMILY ROOM RESPITE AND OVERNIGHT LODGING PROGRAMS OF RONALD MCDONALD HOUSE CHARITIES OF MOBILE; ASSISTED DAY HABILITATION PROGRAM OF THE ARC OF SOUTHWEST ALABAMA; CHILD NUTRITION PROGRAM AND EMERGENCY

4b (Code:) (Expenses \$ 130,986. including grants of \$) (Revenue \$) VOLUNTEER CONNECT (VC) IS A PROGRAM DESIGNED TO ASSIST NONPROFIT PARTNERS IN RECRUITING VOLUNTEERS AND PROMOTING EVENTS. VC IS A DATABASE WHERE NONPROFITS SHARE THEIR VOLUNTEER NEEDS AND EVENTS WITH THE PUBLIC WHO IN TURN CAN REGISTER TO PARTICIPATE AS INDIVIDUALS, GROUPS, OR COMPANIES. IN 2020, 820 NONPROFIT NEEDS WERE MET WHICH IS \$33,620 IN ECONOMIC IMPACT. UWSWA BENEFITS DIRECTLY FROM VC BY USING IT TO PROMOTE UNITED WAY VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM, UWSWA'S DAY OF CARING (DOC), AND OTHER PROJECTS AS NEEDED. THE VITA PROGRAM RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS IN THE FREE PREPARATION OF INDIVIDUAL TAX RETURNS. THE PROGRAM FOCUSES ITS EFFORTS ON SERVING LOW INCOME INDIVIDUALS AND FAMILIES, THE ELDERLY, PERSONS WITH DISABILITIES, AND PERSONS WITH LIMITED ENGLISH PROFICIENCY. THE

4c (Code:) (Expenses \$ 78,035. including grants of \$) (Revenue \$) UNITED WAY 2-1-1 IS A NATIONAL HEALTH AND HUMAN SERVICES HELPLINE THAT PROVIDES REFERRALS TO AGENCIES THAT HAVE SERVICES AVAILABLE TO THE COMMUNITY. EACH STATE LOCALIZES THE SERVICES FOR CALLERS TO PROVIDE THE ASSISTANCE AVAILABLE CLOSEST TO THEM. UWSWA PARTNERS WITH LIFELINES COUNSELING SERVICES TO STAFF THE HELPLINE WITH TRAINED VOLUNTEERS TO PROVIDE REFERRALS TO OUR SERVICE AREA AND OTHER SURROUNDING ALABAMA COUNTIES. THE HELPLINE ALSO PROVIDES EMERGENCY ASSISTANCE COVERING ALL PHASES OF AN EMERGENCY INCLUDING PREVENTION, PLANNING, RESPONSE, AND RECOVERY. IN CHOCTAW, CLARKE, MOBILE, AND WASHINGTON COUNTIES UW 2-1-1 RECEIVED 6,024 CALLS. THE TOP NEEDS ADDRESSED WERE SUPPORTS WITH HOUSING OR UTILITY ASSISTANCE, FOOD ASSISTANCE, REFERRALS TO HOMELESS OR DROP-IN SHELTERS, AND TAX PREPARATION SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 572,350. including grants of \$) (Revenue \$)

4e Total program service expenses 3,426,801.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
MICHI LUNCEFORD - 251-431-0125
POST OFFICE DRAWER 89, MOBILE, AL 36601

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY WALDROP CHAIRMAN	5.00	X		X				0.	0.	0.
(2) LEIDA JAVIER-FERRELL SECRETARY	5.00	X		X				0.	0.	0.
(3) WALTER BRAND TREASURER	5.00	X		X				0.	0.	0.
(4) CHARLES E. HYLAND JR IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(5) J. GUY HELMSING VICE CHAIR/CAMPAIGN CHAIR	5.00	X		X				0.	0.	0.
(6) MAHESH BATAVIA TRUSTEE	2.00	X						0.	0.	0.
(7) BRENT BARKIN TRUSTEE	2.00	X						0.	0.	0.
(8) JOE L. BEDWELL TRUSTEE	2.00	X						0.	0.	0.
(9) MARK BURNETT JR TRUSTEE	2.00	X						0.	0.	0.
(10) NICK HARRELL TRUSTEE	2.00	X						0.	0.	0.
(11) KARL FICKEN TRUSTEE	2.00	X						0.	0.	0.
(12) MICHELLE HURDLE TRUSTEE	2.00	X						0.	0.	0.
(13) ROBERT MATTHEWS TRUSTEE	2.00	X						0.	0.	0.
(14) BO MATTEI TRUSTEE	2.00	X						0.	0.	0.
(15) KEITH RANDLE TRUSTEE	2.00	X						0.	0.	0.
(16) JEFF ST. CLAIR TRUSTEE	2.00	X						0.	0.	0.
(17) REGINALD SYKES TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL TOOMEY TRUSTEE	2.00	X						0.	0.	0.
(19) BETH THOMAS TRUSTEE	2.00	X						0.	0.	0.
(20) TONIE ANN TORRANS TRUSTEE	2.00	X						0.	0.	0.
(21) CELIA COLLINS TRUSTEE	2.00	X						0.	0.	0.
(22) ERIN S. JONES AUDIT CHAIR/TRUSTEE	2.00	X						0.	0.	0.
(23) SYDNEY G. RAINE TRUSTEE	2.00	X						0.	0.	0.
(24) RICK LAMBERT TRUSTEE	2.00	X						0.	0.	0.
(25) WILLIAM B. SISSON TRUSTEE	2.00	X						0.	0.	0.
(26) JILL CHENOWETH PRESIDENT & CEO	55.00			X				94,304.	0.	0.
1b Subtotal								94,304.	0.	0.
c Total from continuation sheets to Part VII, Section A								46,147.	0.	0.
d Total (add lines 1b and 1c)								140,451.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	163,895.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,306,739.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 98,036.			
	h Total. Add lines 1a-1f			3,470,634.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	g Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,783.		20,783.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	427,885.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		423,549.			
	7 c	Gain or (loss)		4,336.			
d Net gain or (loss)				4,336.	4,336.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		297,476.				
8 b	Less: direct expenses		117,036.				
c Net income or (loss) from fundraising events				180,440.	180,440.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a	SERVICE FEE REVENUE	900099	93,049.	93,049.		
	b	RECOVERY OF UNCOLLECTI	900099	85,942.	85,942.		
	c	ADMINISTRATIVE REVENUE	900099	3,000.	3,000.		
	d	All other revenue					
e Total. Add lines 11a-11d				181,991.			
12 Total revenue. See instructions				3,858,184.	181,991.	0. 205,559.	

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	2,645,430.	2,645,430.		
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	161,000.	95,344.	15,633.	50,023.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	405,671.	240,238.	39,391.	126,042.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	145,278.	86,034.	14,106.	45,138.
10 Payroll taxes	39,826.	23,585.	3,867.	12,374.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,497.	16,876.	2,767.	8,854.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	34,873.	20,652.	3,386.	10,835.
13 Office expenses	4,273.	2,530.	415.	1,328.
14 Information technology				
15 Royalties				
16 Occupancy	38,024.	22,518.	3,692.	11,814.
17 Travel	17,422.	10,317.	1,692.	5,413.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,687.	2,183.	358.	1,146.
20 Interest	9,628.	5,702.	935.	2,991.
21 Payments to affiliates	35,196.	20,843.	3,418.	10,935.
22 Depreciation, depletion, and amortization	12,996.	7,696.	1,262.	4,038.
23 Insurance	10,890.	6,449.	1,057.	3,384.
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 AGENCY RELATIONS	154,754.	154,754.		
b CONTRACT SERVICES & LAB	36,950.	21,837.	3,581.	11,532.
c PRINTING AND POSTAGE	16,106.	9,539.	1,564.	5,003.
d _____				
e All other expenses _____	57,879.	34,274.	5,620.	17,985.
25 Total functional expenses. Add lines 1 through 24e	3,858,380.	3,426,801.	102,744.	328,835.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	435,631.	1	497,972.
	2 Savings and temporary cash investments	224,739.	2	228,442.
	3 Pledges and grants receivable, net	1,281,400.	3	1,062,098.
	4 Accounts receivable, net	11,878.	4	14,906.
	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	20,815.	9	22,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 827,485.		
	b Less: accumulated depreciation	10b 693,369.	145,724.	10c 134,116.
	11 Investments - publicly traded securities	929,733.	11	881,444.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		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)	3,049,920.	16	2,841,195.	
Liabilities	17 Accounts payable and accrued expenses	143,592.	17	45,173.
	18 Grants payable	422,618.	18	524,075.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	217,000.	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	139,461.	25	147,529.
	26 Total liabilities. Add lines 17 through 25	922,671.	26	716,777.
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	702,983.	27	840,571.
	28 Net assets with donor restrictions	1,424,266.	28	1,283,847.
	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	2,127,249.	32	2,124,418.
33 Total liabilities and net assets/fund balances	3,049,920.	33	2,841,195.	

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	3,858,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,858,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-196.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,127,249.
5	Net unrealized gains (losses) on investments	5	-18,992.
6	Donated services and use of facilities	6	24,800.
7	Investment expenses	7	
8	Prior period adjustments	8	-8,443.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,124,418.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input 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 _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **UNITED WAY OF SOUTHWEST ALABAMA, INC.** Employer identification number **63-0351568**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4684964.	3012718.	2862886.	2487563.	3495434.	16543565.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4684964.	3012718.	2862886.	2487563.	3495434.	16543565.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						16543565.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4684964.	3012718.	2862886.	2487563.	3495434.	16543565.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,667.	14,291.	16,916.	24,566.	20,783.	102,223.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	462,092.	257,480.	277,949.	237,142.	181,991.	1416654.
11 Total support. Add lines 7 through 10						18062442.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.59 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	90.92 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF SOUTHWEST ALABAMA, INC.

Employer identification number

63-0351568

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AUSTAL USA</u> <u>1 DUNLAP DR</u> <u>MOBILE, AL 36602</u>	\$ <u>338,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>UNIVERSITY OF SOUTH ALABAMA</u> <u>DEVELOPMENT 300 ALUMNI CIR</u> <u>MOBILE, AL 36688</u>	\$ <u>254,647.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>REGIONS FINANCIAL</u> <u>11 N WATER ST</u> <u>MOBILE, AL 36602</u>	\$ <u>129,405.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ALABAMA POWER</u> <u>150 ST JOSEPH ST</u> <u>MOBILE, AL 36602</u>	\$ <u>170,180.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>KIMBERLY CLARKE</u> <u>200 BAYBRIDGE RD</u> <u>MOBILE, AL 36610</u>	\$ <u>89,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>EVONIK</u> <u>4201 EVONIK RD</u> <u>THEODORE, AL 36582</u>	\$ <u>104,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LENZING FIBERS 12950 HWY 43 N AXIS, AL 36505	\$ 71,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE LOUIS & JOSIE FORCHHEIMER FOUNDATION P.O. BOX 2527 MOBILE, AL 36622	\$ 98,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PUBLIX P.O. BOX 1357 HIGHLAND CITY, FL 33846	\$ 114,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HANCOCK WHITNEY BANK 25 W I-65 SERVICE RD N MOBILE, AL 36608	\$ 74,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PETTERS FAMILY FOUNDATION 206 HILTON TERRACE NEWPORT NEWS, VA 23601	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	UNITED PARCEL SERVICE 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328	\$ 73,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019
Open to Public Inspection

Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC. **Employer identification number** 63-0351568

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	929,733.	899,068.	853,198.	843,442.	781,153.
b Contributions					
c Net investment earnings, gains, and losses	-14,656.	40,069.	55,192.	12,371.	71,195.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	9,689.	9,404.	9,322.	2,615.	8,906.
g End of year balance	881,443.	929,733.	899,068.	853,198.	843,442.

- 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 | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	49,017.			49,017.
b Buildings	477,481.		402,863.	74,618.
c Leasehold improvements				
d Equipment	213,270.		205,242.	8,028.
e Other	87,717.		85,264.	2,453.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				134,116.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	147,529.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	147,529.

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	3,421,262.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-18,992.	
b	Donated services and use of facilities	2b	24,800.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		5,808.
3	Subtract line 2e from line 1	3		3,415,454.
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	442,730.	
c	Add lines 4a and 4b	4c		442,730.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,858,184.

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	3,415,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		3,415,650.
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	442,730.	
c	Add lines 4a and 4b	4c		442,730.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,858,380.

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 X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2020, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAXING

Part XIII Supplemental Information (continued)

AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS RECEIVED THAT ARE SPECIFICALLY DESIGNATED FOR A

PARTICULAR AGENCY 442,730.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS PAID THAT ARE SPECIFICALLY DESIGNATED FOR A

PARTICULAR AGENCY 442,730.

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
		AUSTAL USA GOLF TOURNAM		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	297,476.		297,476.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	297,476.		297,476.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	117,036.		117,036.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			117,036.
11	Net income summary. Subtract line 10 from line 3, column (d)			180,440.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF SOUTHWEST ALABAMA, INC.** Employer identification number **63-0351568**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, ALABAMA GULF COAST CHAPTER - P. O. BOX 1764 - MOBILE, AL 36601	63-0288803	501(C)(3)	38,803.	0.			PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF SOUTHWEST ALABAMA - 1509-D PLAZA DR. - MOBILE, AL 36660	63-0414826	501(C)(3)	1,764.	0.			PROGRAM OPERATING COST
FEEDING THE GULF COAST P. O. BOX 7762 MOBILE, AL 36607	63-0821997	501(C)(3)	52,473.	0.			PROGRAM OPERATING COST
DEARBORN YMCA 321 N. WARREN ST. MOBILE, AL 36603	63-0302188	501(C)(3)	44,095.	0.			PROGRAM OPERATING COST
DRUG EDUCATION COUNCIL 954 GOVERNMENT ST. MOBILE, AL 36604	63-0572302	501(C)(3)	23,370.	0.			PROGRAM OPERATING COST
DUMAS WESLEY COMMUNITY CENTER 126 MOBILE ST. MOBILE, AL 36607	63-0312909	501(C)(3)	83,780.	0.			PROGRAM OPERATING COST

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

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF COASTAL ALABAMA P. O. BOX 40881 MOBILE, AL 36604	38-3684968	501(C)(3)	13,228.	0.			PROGRAM OPERATING COST
LIFELINES FAMILY COUNSELING CENTER 705 OAK CIRCLE DR. E. MOBILE, AL 36604	63-0388685	501(C)(3)	135,813.	0.			PROGRAM OPERATING COST
GOODWILL EASTER SEALS OF THE GULF COAST - 2448 GORDON SMITH DR. - MOBILE, AL 36617	63-0363972	501(C)(3)	80,656.	0.			PROGRAM OPERATING COST
HOME OF GRACE FOR WOMEN 394 ADLOCK RD. EIGHT MILE, AL 36613	51-0198236	501(C)(3)	50,047.	0.			PROGRAM OPERATING COST
HOUSING FIRST 15 N. JOACHIM ST. MOBILE, AL 36602	63-1178693	501(C)(3)	44,095.	0.			PROGRAM OPERATING COST
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY. MOBILE, AL 36609	63-1260841	501(C)(3)	89,954.	0.			PROGRAM OPERATING COST
ALTAPOINTE HEALTH SYSTEMS/MOBILE ARC - 2424 GORDON SMITH DR. - MOBILE, AL 36607	63-0421791	501(C)(3)	79,371.	0.			PROGRAM OPERATING COST
MULHERIN CUSTODIAL HOME 15 N. JOACHIM ST. MOBILE, AL 36602	63-0388323	501(C)(3)	26,457.	0.			PROGRAM OPERATING COST
PENELOPE HOUSE P. O. BOX 9127 MOBILE, AL 36691	63-0763198	501(C)(3)	72,757.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEARNING TREE P.O. BOX 1306 SEMMESE, AL 36575	63-0854115	501(C)(3)	26,457.	0.			PROGRAM OPERATING COST
MCKEMIE PLACE 913 S BROAD ST MOBILE, AL 36603	27-1716993	501(C)(3)	13,228.	0.			PROGRAM OPERATING COST
THE SALVATION ARMY OF COASTAL ALABAMA - 1009 DAUPHIN ST. - MOBILE, AL 36601	58-0660607	501(C)(3)	74,961.	0.			PROGRAM OPERATING COST
VIA HEALTH, FITNESS AND ENRICHMENT CENTER - 1717 DAUPHIN ST. - MOBILE, AL 36604	63-0590039	501(C)(3)	17,638.	0.			PROGRAM OPERATING COST
ST. MARY'S HOME 4350 MOFFETT RD. MOBILE, AL 36618	63-1236789	501(C)(3)	70,552.	0.			PROGRAM OPERATING COST
UNITED CEREBRAL PALSY 193 LYONS PARK AVE. MOBILE, AL 36601	63-0340302	501(C)(3)	30,249.	0.			PROGRAM OPERATING COST
THE CHILD ADVOCACY CENTER 1351 SPRINGHILL AVE MOBILE, AL 36604	63-0917400	501(C)(3)	44,095.	0.			PROGRAM OPERATING COST
ALTAPOINTE HEALTH SYSTEMS 5750-A SOUTHLAND DRIVE MOBILE, AL 36693	63-3004739	501(C)(3)	8,819.	0.			PROGRAM OPERATING COST
WILMER HALL CHILDREN'S HOME 3811 OLD SHELL RD. MOBILE, AL 36608	63-0302184	501(C)(3)	44,095.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF REGIONAL EARLY CHILDHOOD SERVICES - 975 WEST I-65 SERVICE RD. N. - MOBILE, AL 36618	63-1056487	501(C)(3)	57,323.	0.			PROGRAM OPERATING COST
THE ARC OF SOUTHWEST ALABAMA 234 HEARN DR. CHATON, AL 36518	63-0673646	501(C)(3)	30,866.	0.			PROGRAM OPERATING COST
CRITTENTON YOUTH SERVICES 30 SCHILLINGER RD N #105 MOBILE, AL 36608	63-0335378	501(C)(3)	22,929.	0.			PROGRAM OPERATING COST
RONALD MCDONALD HOUSE CHARITIES OF MOBILE - 1626 SPRINGHILL AVENUE - MOBILE, AL 36604	63-1181258	501(C)(3)	35,452.	0.			PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA - 9 DAUPHIN STREET, SUITE 101 - MOBILE, AL 36602	61-1683905	501(C)(3)	26,457.	0.			PROGRAM OPERATING COST
CHILD DAY CARE ASSOCIATION 209 S WASHINGTON MOBILE, AL 36602	63-0302117	501(C)(3)	22,047.	0.			PROGRAM OPERATING COST
SICKLE CELL DISEASE ASSOCIATION - MOBILE COUNTY - 1453 SPRINGHILL AVE - MOBILE, AL 36604	63-0772355	501(C)(3)	11,244.	0.			PROGRAM OPERATING COST
CATHOLIC SOCIAL SERVICES 400 GOVERNMENT ST. MOBILE, AL 36601	63-0627699	501(C)(3)	28,662.	0.			PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF SOUTH ALABAMA - 1509-D PLAZA DR. - MOBILE, AL 36660	63-0414826	501(C)(3)	88,190.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF CLARKE COUNTY P.O. BOX 533 JACKSON, AL 36545	63-0753616	501(C)(3)	3,087.	0.			PROGRAM OPERATING COST
AIDS ALABAMA 4321 DOWNTOWNER LOOP N MOBILE, AL 36609	58-1727755	501(C)(3)	8,819.	0.			PROGRAM OPERATING COST
OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501(C)(3)	30,866.	0.			PROGRAM OPERATING COST
ALPHA WOMEN'S RESOURCE CENTER 6479 HIGHWAY 43 JACKSON, AL 36545	63-1072822	501(C)(3)	1,764.	0.			PROGRAM OPERATING COST
COMMUNITY ACTION AGENCY OF SOUTH ALABAMA - 26440 POLLARD ROAD - DAPHNE, AL 36526	63-0510904	501(C)(3)	441.	0.			PROGRAM OPERATING COST
EPILEPSY FOUNDATION OF ALABAMA 3929 AIRPORT BLVD STE 3-310 MOBILE, AL 36609	63-0718795	501(C)(3)	1,676.	0.			PROGRAM OPERATING COST
SOUTHWEST ALABAMA RSVP P.O. BOX 127 THOMASVILLE, AL 36784	45-3047994	501(C)(3)	1,764.	0.			PROGRAM OPERATING COST
MOBILE COMMUNITY ACTION 461 DONALD STREET MOBILE, AL 36617	63-0518148	501(C)(3)	2,646.	0.			PROGRAM OPERATING COST
REGIONAL CHILD ADVOCACY CENTER 127 COBB STREET GROVE HILL, AL 36451	63-1162511	501(C)(3)	12,543.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE ORGANIZATION PROVIDES ALLOCATIONS AND DESIGNATIONS TO AGENCIES THAT
HAVE SIGNED PARTNERSHIP AGREEMENTS WITH THE ORGANIZATION. THE AGREEMENTS
ARE UPDATED PERIODICALLY AND REQUIRE THE AGENCY PARTNER TO SUBMIT
ORGANIZATIONAL AND FINANCIAL DATA TO SUSTAIN ELIGIBILITY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF SOUTHWEST ALABAMA, INC.** Employer identification number **63-0351568**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	1,150.	DONOR ESTIMATE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		89,586.	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EASTER MERCHA)	X	1	6,300.	DONOR ESTIMATE
26 Other ▶ (PERSONAL PROT)	X	1	1,000.	DONOR ESTIMATE
27 Other ▶ ()				
28 Other ▶ ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHWEST ALABAMA, INC.

Employer identification number

63-0351568

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

FOOD DISTRIBUTION PROGRAM OF FEEDING THE GULF COAST; EMERGENCY

ASSISTANCE WITH FINANCIAL LITERACY BY MOBILE COMMUNITY ACTION; DOMESTIC

VIOLENCE EMERGENCY SHELTER OF PENELOPE HOUSE; SYBIL H. SMITH FAMILY

VILLAGE OF DUMAS WESLEY COMMUNITY CENTER; INTERFAITH HOSPITALITY

NETWORK SHELTER PROGRAM OF FAMILY PROMISE OF THE COASTAL ALABAMA; RAPID

REHOUSING FOR INDIVIDUAL ADULTS PROGRAM OF HOUSING FIRST; EMERGENCY

SHELTER PROGRAM OF MCKEMIE PLACE; LIFE ESSENTIALS PROGRAM OF MULHERIN

CUSTODIAL HOME; FAMILY HAVEN AND RED SHIELD SHELTER OF THE SALVATION

ARMY OF COAST ALABAMA; AND THE TRANSITIONAL FAMILY AND LIVING PROGRAMS

OF WILMER HALL CHILDREN'S HOME

FUNDED EDUCATION PROGRAMS INCLUDE: PROJECT LEARN/TUTORING PROGRAM OF

THE BOYS AND GIRLS OF SOUTHWEST ALABAMA; TEEN ALCOHOL & DRUG ABUSE

AWARENESS WORKSHOPS AND JUVENILE DRUG TESTING GIVEN BY DRUG EDUCATION

COUNCIL; RAPE CRISIS CENTER - EDUCATION INITIATIVE OF LIFELINES

COUNSELING SERVICES; READING TUTORS PROGRAM OF SOUTHWEST ALABAMA RSVP;

CUSTOMIZED EMPLOYMENT SOLUTIONS OF THE ARC OF CLARKE COUNTY; BEYOND

SCHOOL WALLS MENTORING PROGRAM OF BIG BROTHERS BIG SISTERS OF SOUTH

ALABAMA; STAR MAP OF THE CHILD DAY CARE ASSOCIATION; AFTERSCHOOL

ACADEMY OF THE DEARBORN YMCA; AFTER SCHOOL ACHIEVEMENT PROGRAM OF DUMAS

WESLEY COMMUNITY CENTER; ADULT AND EARLY EDUCATION PROGRAMS OF GOODWILL

GULF COAST; EDUCATION PROGRAM OF ST. MARY'S HOME; LITTLE TREE PRESCHOOL

AND WOODY'S SONG SCHOOL OF THE LEARNING TREE; UCP PRESCHOOL AND CAMP

SMILE OF UNITED CEREBRAL PALSY; AND EDUCATION FOR LIFE OF WILMER HALL

CHILDREN'S HOME;

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
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FUNDED HEALTH PROGRAMS INCLUDE: EPILEPSY CLIENT SERVICES PROVIDED BY EPILEPSY FOUNDATION OF ALABAMA, MOBILE & GULF COAST CHAPTER; POSITIVE PREGNANCY OUTCOMES PROVIDED BY ALPHA WOMEN'S RESOURCE CENTER; SUBSTANCE ABUSE RECOVERY PROGRAM OF HOME OF GRACE FOR WOMEN; RAPE CRISIS CENTER OF LIFELINES COUNSELING SERVICES; FORENSIC INTERVIEWING & FOSTER CARE AT "ALMOST HOME" PROVIDED BY THE REGIONAL CHILD ADVOCACY CENTER; SICKLE CELL LAB TESTING/TRAIT COUNSELING SERVICES OF SICKLE CELL DISEASE ASSOCIATION, MOBILE CHAPTER; COMPREHENSIVE HEALTHCARE FOR UNINSURED ADULTS BY VICTORY HEALTH PARTNERS; SCHOOL-BASED THERAPY - COMMUNITY COUNSELING/BEHAVIOR HEALTH OF ALTAPOINTE HEALTH SYSTEMS; MEDICAL ASSISTANCE PROGRAM OF GOODWILL GULF COAST; TRANSPORTATION=TREATMENT=PREVENTION OF AIDS ALABAMA SOUTH; SUMMER DAY CAMP AND TRIPLE PLAY: A GAME PLAN FOR MIND, BODY, AND SOUL OF BOYS & GIRLS CLUBS OF SOUTH ALABAMA; YOUTH HEALTH OF CRITTENTON YOUTH SERVICES; FITNESS & RECREATIONS AND SENIOR ACTIVITIES FOR INDEPENDENT LIVING OF DEARBORN YMCA; HEALTH & MEDICAL SERVICES OF MOBILE ARC; GENERIC MEDICATION SAFETY NEW PROGRAM OF OZANAM CHARITABLE PHARMACY; HEALTH PROGRAM OF ST. MARY'S HOME; CHILD SEX ABUSE MENTAL HEALTH COUNSELING PROGRAM OF THE CHILD ADVOCACY CENTER; ROADMAP TO SELF-SUFFICIENCY PROGRAM OF THE SALVATION ARMY OF COASTAL ALABAMA; AND THE GRANDFRIENDS ADULT DAYCARE PROGRAM OF VIA HEALTH, FITNESS, AND ENRICHMENT CENTER.

FUNDED FINANCIAL STABILITY PROGRAMS INCLUDE: VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OF UWSWA; EMPLOYMENT & TRAINING PROGRAM OF GOODWILL GULF COAST; CONSUMER CREDIT COUNSELING SERVICES OF LIFELINES COUNSELING CENTER; AND JOB READY PROGRAM OF INTELLECTUAL DISABILITIES -

Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
---	--

ALTAPOINTE HEALTH.

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

2019 TAX SEASON CONCLUDED AND, BETWEEN OUR 30 VOLUNTEER TAX PREPARERS AND OUR VITA COORDINATOR, BRAD MARTIN, 822 TAX RETURNS WERE FILED. OUR COMMUNITY'S SAFE COALITION COLLECTIVELY FILED 2,385 TAX RETURNS ACROSS ALL 20 PREPARATION SITES. UWSWA PARTNER AGENCIES THAT ARE PART OF THE SAFE COALITION INCLUDE: GOODWILL GULF COAST AND MOBILE COMMUNITY ACTION. DOC IS A COMMUNITY WIDE DAY OF VOLUNTEERISM WHERE UWSWA CONNECTS PARTNER AGENCIES TO THE BUSINESS COMMUNITY TO COMPLETE AGENCY NEEDS. IN 2020, WE HAD 11 VOLUNTEER TEAMS PARTICIPATE, WITH 92 VOLUNTEERS DOING A COMBINED TOTAL OF MORE THAN 119 HOURS OF COMMUNITY SERVICE. THE ECONOMIC IMPACT OF THESE SERVICE HOURS IS MORE THAN \$3,213

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

SUPPORT FOR OTHER COMMUNITY PROJECTS AND PROGRAM SERVICES. EXPENSES \$ 572,350. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

RECIPIENTS OF CASH ALLOCATIONS ARE PARTNERS WITH THE UNITED WAY OF SOUTHWEST ALABAMA, A NOT FOR PROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

OFFICERS ARE ELECTED AT THE ANNUAL MEETINGS BY THE BOARD OF TRUSTEES.

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

THE ORGANIZATION HAS A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS ASSIST IN THE

Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
---	--

PREPARATION OF THE FORM 990. THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS PRESENTED ANNUALLY FOR REVIEW AND APPROVAL. EACH MEMBER IS PROVIDED A COPY OF THE DOCUMENT AND REQUESTED TO RETURN A SIGNED STATEMENT.

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

THE BOARD OF TRUSTEES ESTABLISHES THE SALARY FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO IS RESPONSIBLE FOR DETERMINING SALARIES FOR THE CFO AND ALL OTHER STAFF MEMBERS BASED ON FUNDS AVAILABLE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS AND TAX RETURN ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE AND THROUGH GUIDE STAR.

FORM 990, PART XII, LINE 2C

MEMBERS OF THE FINANCE AND EXECUTIVE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT, WHICH IS THE SAME AS IN PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **UNITED WAY OF SOUTHWEST ALABAMA, INC.** Employer identification number **63-0351568**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE GORDON SMITH CENTER - 63-0520835 2448 GORDON SMITH DR. MOBILE, AL 36617	MAINTENANCE OF NOT-FOR-PROFIT ACTIVITIES	ALABAMA	501(C)(3)	509(A)(3)	UNITED WAY OF SOUTHWEST ALABAMA, INC.	X	

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

Schedule R (Form 990) 2019

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE GORDON SMITH CENTER	Q	2,000.	ACTUAL EXPENSE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.