### **Filing Instructions**

Prepared for:	Prepared by:
UNITED WAY OF SOUTHWEST ALABAMA, IN	C CRI Advisors, LLC
POST OFFICE DRAWER 89	PO Box 70106
MOBILE, AL 36601	Mobile, AL 36670

2023 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025

Form <b>8</b>	879-TE		IRS E- fo	file Signatu or a Tax Ex	ire Aut empt E	horizatior Entity	า	-	OMB No. 1545-0047
Deperture		For calendar yea		beginning JUL 1			30 , 20	24	2023
	ent of the Treasury Revenue Service		Go to www	w.irs.gov/Form8879	TE for the l	atest information	ı.		
Name o	f filer						E	IN or SSN	
	UNITED	WAY OF	SOUTHWE	ST ALABAMA	, INC.			63-035	1568
Name a	nd title of officer or pe	erson subject to t		NE BIXLER					
				EXECUTIVE	OFFIC	ER			
Part	I Type of	Return and	Return Info	rmation					
Form 5 or <b>10a</b> whiche	330 filers may enter below, and the am	er dollars and co ount on that lin	ents. For all othe e for the return l	being filed with this f	dollars only orm was bla	y. If you check the ink, then leave line	box on line • <b>1b, 2b, 3</b> t	1a, 2a, 3a, b, 4b, 5b, 6b	orm 8038-CP and 4 <b>a, 5a, 6a, 7a, 8a, 9a,</b> <b>, 7b, 8b, 9b,</b> or <b>10b,</b> o not complete more
1a	Form 990 check I	nere	X b Total	revenue, if any (For	m 990, Part	VIII, column (A), lir	ne 12)	1k	2,562,018.
2a	Form 990-EZ che	1							
3a	Form 1120-POL	check here		tax (Form 1120-POL					
4a	Form 990-PF che	eck here		ased on investment					
5a	Form 8868 check			<b>ce due</b> (Form 8868,					
6a	Form 990-T chec	,		tax (Form 990-T, Pa					
7a	Form 4720 check	,							·
8a	Form 5227 check								)
9a	Form 5330 check			<b>ue</b> (Form 5330, Part					>
10a	Form 8038-CP cl			int of credit paymer					)b
Part				orization of Off				,,	
Under		-		ficer of the above en				with respect	to (name
of entit		,							amined a copy of the
financi later th payme person	al institution to deb Ian 2 business days nt of taxes to receiv	it the entry to t prior to the pa ve confidential nber (PIN) as m	his account. To syment (settleme information nece	tax preparation softw revoke a payment, I ent) date. I also author essary to answer inq the electronic return	must contac prize the fina uiries and re	t the U.S. Treasu incial institutions i solve issues relate	ry Financial nvolved in t ed to the pa	Agent at 1-8 he processir lyment. I hav	888-353-4537 no ng of the electronic ve selected a
	I authorize						to or	nter my PIN	
L	I authorize			FDO firm nome			to er		Enter five numbers, but
				ERO firm name					do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regulat disclosure cons person subject indicated withir	ting charities as sent screen. to tax with resp n this return that	cally filed return. If I part of the IRS Fed/s pect to the entity, I w t a copy of the return the return's disclosu	State progra ill enter my f ı is being file	m, I also authorize PIN as my signatu ed with a state age	e the aforem re on the ta	nentioned EF x year 2023	RO to enter my PIN electronically filed
								Data	
Signature Part	of officer or person subje		uthentication	า				Date	
	EFIN/PIN. Enter ye	-	-			6307025	1569	7	
numbe	er (EFIN) followed by	/ your five-digit	self-selected PII	Ν.		Do not enter			
submit				my signature on the ts of <b>Pub. 4163,</b> Mo		onically filed retur	n indicated		
ERO's s	ignature <u>CRI</u>	ADVISO	RS, LLC			Date	12/1	6/24	
				st Retain This F is Form to the II					
Fer D					no onies	s nequested	10 00 30		orm 8879-TE (2023)
For Pr	ivacy Act and Pap	erwork Reduc	tion Act Notice,	, see instructions.				F	0111 001 9-1 E (2023)
LHA a	802521 01-05-24								

Form	990
Form	<u>990</u>

### **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection 1, 2024 A For the 2023 calendar year, or tax year beginning JUL 2023 and ending JUN 30. Check if applicable: C Name of organization D Employer identification number В Address change UNITED WAY OF SOUTHWEST ALABAMA, INC. Name change 63-0351568 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated (251) 433-3624 POST OFFICE DRAWER 89 3,035,035. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended MOBILE, AL 36601 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JUSTINE BIXLER for subordinates? Yes X No 218 SAINT FRANCIS ST, MOBILE, AL 36602 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( 527 ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.USWSWA.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1926 M State of legal domicile: AL Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE RESOURCES TO IMPROVE 1 Governance THE HEALTH, EDUCATION, FINANCIAL STABILITY, AND ACCESS TO LIFE'S 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 3 Number of voting members of the governing body (Part VI, line 1a) 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 15 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1156 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 3,027,865. 2,327,241. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 45,260. 20,427. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 208,510. 214,350. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,281,635. 2,562,018. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,580,751. 1,348,522. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 986,272. 769,228. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ...... 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 459,877. b Total fundraising expenses (Part IX, column (D), line 25) 863,740. 632,819. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,430,763. 2,750,569. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -149,128. -188,551. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 25 2,316,915. 2,437,313. 20 Total assets (Part X, line 16) 322,697. 548,301. 21 Total liabilities (Part X, line 26) let Elet 994,218. 889,012 22 Net assets or fund balances. Subtract line 21 from line 20 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

Signature of officer Date Sign JUSTINE BIXLER, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature GLENN W. BROWN, III GLENN W. BROWN, III 12/16/24 P00510188 Paid .. self-employed Firm's EIN 99-4625061 CRI ADVISORS, LLC Preparer Firm's name Firm's address PO BOX 70106 Use Only Phone no. 251. 473. 5550 MOBILE, AL 36670 X Yes May the IRS discuss this return with the preparer shown above? See instructions No Form 990 (2023) LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	990 (2023) UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 2 t III Statement of Program Service Accomplishments
Fa	Check if Schedule O contains a response or note to any line in this Part III
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,348,522. including grants of \$ 1,348,522. ) (Revenue \$)         THE ORGANIZATION MAKES GRANT ALLOCATIONS TO VARIOUS HEALTH AND HUMAN         SERVICE ORGANIZATIONS IN CHOCTAW, CLARKE, MOBILE AND WASHINGTON
	COUNTIES IN SUPPORT OF OUR FOUR BUILDING BLOCKS: HEALTH, EDUCATION, FINANCIAL STABILITY, AND ACCESS TO LIFE'S BASIC ESSENTIALS LIKE FOOD,
	CLOTHING, AND SHELTER. 254,380 PEOPLE BENEFIT FROM SOCIAL SERVICES AS A RESULT OF UNITED WAY'S FINANCIAL INVESTMENT IN THE COMMUNITY.
4b	(code:) (Expenses \$ 92,271. including grants of \$) (Revenue \$) UNITED WAY 211 THE ORGANIZATION OPERATES A HEALTH AND HUMAN SERVICE
	HOTLINE CONNECTING CALLERS TO LOCAL NON-PROFITS THAT PROVIDE FREE AND CONFIDENTIAL REFERRALS TO INDIVIDUALS SEEKING SOCIAL SERVICES. 14,710
	CALLS WERE RECEIVED IN CHOCTAW, CLARKE, MOBILE AND WASHINGTON COUNTIES
	WITH 33,026 REFERRALS TO SERVICE PROVIDERS.
4c	(Code:) (Expenses \$ 84,363. including grants of \$) (Revenue \$) THE BASICS - THE BASICS INSIGHTS MESSAGING PROGRAM HELPS PARENTS AND CADECIMIENCE INCORDOR AND CONTRACT THE PARENTS AND
	CAREGIVERS INCORPORATE EARLY CHILDHOOD LEARNING INTO EVERYDAY ROUTINES. SIMPLE, SCIENCE-BASED TIPS AND ACTIVITIES SUPPORT CHILDREN'S SOCIAL,
	EMOTIONAL, AND COGNITIVE DEVELOPMENT FROM BIRTH THROUGH AGE FIVE. 1,283 PARENTS AND CHILDREN WERE SERVED THROUGH THE PROGRAM.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 644,124 · including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,169,280.
33200	Form <b>990</b> (2023)
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13511216 794202 58-77755.000

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

Form	990	(2023)	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
	Schedule D. Part III	8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	
				(2023)

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Form	990	(2023)
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			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? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
Ь		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	270		
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.		34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
u		254		х
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		- 22
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
33200/	12-21-23			(2023)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	-		6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?		5	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
.a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
° C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as reai	lired	1.0		
Ŭ	to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
u 0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•	+2	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
י ת	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
9 h	If the organization received a contribution of qualined intellectual property, and the organization mere			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
-		-	-	8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		Х
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 <sup>4</sup>	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

Form 990	(2023)
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### UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568

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

Page **6** 

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	Х

		<u>_</u>		28		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	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.			28			
	Enter the number of voting members included on line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the						
Ū	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		x
6	Did the organization have members or stockholders?			Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or an more members of the governing body?	opoint or	ne or		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	5	Ū		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)				
			,			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			ĺ			
	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 bod	y before	filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to confli	cts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," des	scribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inde	ependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.0	Х	
	The organization's CEO, Executive Director, or top management official			····· -	15a	<u> </u>	x
D	Other officers or key employees of the organization				15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mant with					
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			·····	104		
0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure			·····	1010		
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, a	nd 990-T	(section 5	01(c)(3)s	onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain)			- · (-)(-)-	,,,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			licy and	finan	ial	
13	statements available to the public during the tax year.	A MICE OF	niciest pu	ioy, and	metric	101	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records				
	JUSTINE BIXLER - 251-431-0134						
20	POST OFFICE DRAWER 89, MOBILE, AL 36601						

								AMA, INC.	63-0351	568 <sub>Page</sub> 7
Part VII Compensation of Officers, Employees, and Independe				s, <b>k</b>	(ey	Em	plo	oyees, Highest Co	mpensated	
Check if Schedule O contains a res				in t	his F	Part	VII			
Section A. Officers, Directors, Trustees, Ke								ad Employees		
<ul> <li>1a Complete this table for all persons required</li> <li>List all of the organization's current office</li> <li>Enter -0- in columns (D), (E), and (F) if no competition</li> </ul>	to be listed. Re ers, directors, tr	port o	com	pen	satic	n fo	r the	e calendar year ending v		
<ul> <li>List all of the organization's current key of</li> <li>List the organization's five current highest who received reportable compensation (box 5 of \$100,000 from the organization and any related</li> <li>List all of the organization's former office reportable compensation from the organization</li> <li>List all of the organization's former direct more than \$10,000 of reportable compensation See the instructions for the order in which to list</li> </ul>	employees, if an t compensated of Form W-2, bo d organizations. rs, key employe and any related tors or trustee from the organ	ny. Se emple x 6 o ees, a d orga <b>s</b> tha izatic	oyee f For Ind h aniza It recon ar	es (o m 1 nighe ation ceive	ther 099 est c is. ed, ir	thar MIS omp	n an C, a ens	officer, director, trustee nd/or box 1 of Form 10 ated employees who re pacity as a former direct	e, or key employee) 99-NEC) of more than ceived more than \$100	
Check this box if neither the organization				tion	con	npen	sate	ed anv current officer. d	irector. or trustee.	
(A)	(B)				C)	1		(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	stee or director 9 g	Institutional trustee	Pos heck ss pe	ition more rson i lirecto	than o s both	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) JILL CHENOWETH	55.00									
FORMER PRESIDENT & CEO				X				94,664.	0.	0.
(2) JUSTINE BIXLER PRESIDENT & CEO	55.00	_		x				80,827.	0.	0.
(3) MICHI LUNCEFORD FORMER CFO	55.00	x		x				35,003.	0.	0.
(4) ROBERT MATTHEWS IMMEDIATE PAST CHAIR	5.00	x		x				0.	0.	0.
(5) MAHESH BATAVIA	5.00									
BOARD CHAIR (6) ANNA GOLDMAN	5.00			X				0.	0.	0.
TREASURER		Х	1	X	1			0.	0.	0.

5.00

5.00

2.00

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332007 12-21-23

(16) BO KEAHEY

SECRETARY

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

VICE CHAIR

LABOR CHAIR

(13) BOB GRIP TRUSTEE

(11) JOE CALAGAZ

(12) MELISSA CROSS

(14) DR. RITESH GUPTA

(17) DR. ANDI M. KENT

(15) NICK HARRELL

(7) AUDRA HARPER

COMMUNITY IMPACT CHAIR

(9) GUILLERMO BELLOSO

(10) MARK J. BURNETT, JR.

(8) GLYN AGNEW

Form 990 (2023)

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2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

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Part VII Section A. Officers, Directors, Ti	rustees, Key Em	ploy	ees,	and	High	nest	Co	mpensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)	(F)	)
Name and title	Average	(do		Posif heck m		nan on	ne	Reportable	Reportable	Estima	ated
	hours per	box	, unle	ss pers nd a dir	son is b	both a	an	compensation	compensation	amour	
	week					llusie	(e)	from	from related	oth	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compen	
	related	e or d	tee		cated	saled		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from organiz	
	organizations	truste	al trus		/ee	ubeu		1099-NEC)	1000 (120)	and rel	
	below	In dividual trustee or director	Institutional trustee	er -	Key employee Highest comp	rignest compensated employee	er	,		organiza	ations
	line)	Indiv	Instit	Officer	Key e Hinh	empl	Former				
(18) SHARON MOFFATT	2.00										
TRUSTEE		Х					$\rightarrow$	0.	0.		0.
(19) JESSICA ODOM	2.00								•		•
TRUSTEE		х			$\rightarrow$			0.	0.		0.
(20) BUBBA O'GWYNN	2.00							0	0		0
TRUSTEE		х					-	0.	0.		0.
(21) H. RUDD SCHULTZE	2.00	.,						0	0		0
TRUSTEE (22) MICHAEL STRICKLER	2.00	Х			_		_	0.	0.		0.
TRUSTEE	2.00	x						0.	0.		0.
(23) MICHAEL TOOMEY	2.00						+	0.	0.		<u> </u>
TRUSTEE	2100	x						Ο.	0.		0.
(24) CHRISTIAN WHITE	2.00						$\neg$				
TRUSTEE		х						0.	0.		Ο.
(25) AMY BALDWIN	2.00										
TRUSTEE		Х						0.	0.		0.
(26) RONNIE BLOODWORTH	2.00	1									
TRUSTEE		Х						0.	0.		0.
1b Subtotal							⊢	210,494.	0.		0.
c Total from continuation sheets to Part							⊢	0.	0.		0.
d Total (add lines 1b and 1c)								210,494.	0.		0.
2 Total number of individuals (including bu	it not limited to th	iose	liste	ed abo	ove) v	who	rec	eived more than \$100,	000 of reportable		0
compensation from the organization										Ye	0 s No
2 Did the organization list any former offic	or director truct			mole		orb	niah	ast componented ampl			3 110
<b>3</b> Did the organization list any <b>former</b> offic				•			Ŭ	•	•	3	x
<ul><li>line 1a? If "Yes," complete Schedule J for</li><li>For any individual listed on line 1a, is the</li></ul>										3	
and related organizations greater than \$			•					•	•	4	x
5 Did any person listed on line 1a receive											
rendered to the organization? If "Yes." c	•				-			•		5	x
Section B. Independent Contractors	ompiete Schedul		01 30	<u>icn p</u>	1301	<u></u>					
1 Complete this table for your five highest	compensated inc	depe	nder	nt co	ntrac	ctors	s tha	t received more than \$	100,000 of compensa	tion from	
the organization. Report compensation f	or the calendar y	ear e	endir	ng wi	th or	with	nin tl	he organization's tax ye	ear.		
(A)								(B)		(C)	
Name and busine	ess address	NC	ONE	3				Description of s	ervices C	compensat	tion
							_				
							+				
							+				
2 Total number of independent contractor		ot lin	nited	d to t	-	liste	ed al	bove) who received mo	ore than		
\$100,000 of compensation from the orga		1 7 1 7	<b>TT</b> 7	<u>m T /</u>	0 TAC		ा स्ट्रा	יחימ		F. 000	
SEE PART VII, SECTIO	ON A CONT	ТЛ	UA	тт(	<b>31</b> 1	ы	£	110		Form <b>99(</b>	• (2023)

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								AMA, INC.	63-035	1568
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est (	Compensated Employ (D)	, , ,	
	(A) (B) Name and title Average								(E) Reportable	(F)
Name and title	hours	(c	Position (check all that apply)					Reportable compensation	compensation	Estimated amount of
	per week (list any						ly)	from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	hours for related organizations	Individual trustee or director	ll trustee		/ee	Highest com pensated em ployee		(W-2/1099-MISC)	(₩-2/1033-10130)	organization and related organizations
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest col	Former			
(27) NICHOLE EDWARDS TRUSTEE	2.00	x						0.	0.	0.
(28) EASTON LAMBERT	2.00	Δ						0.	0.	0.
TRUSTEE		x						0.	0.	0.
(29) STEVE ROCKWELL TUSTEE	2.00	x						0.	0.	0.
(30) GEORGE TALBOT	2.00	- 23								
TRUSTEE		x						0.	0.	0.
		-								
		-								
		<u> </u>								
Total to Part VII, Section A, line 1c								1		

332201 04-01-23

					OF	SOUTHWES	ST ALABAMA	, INC.	63-0351	568 Page <b>9</b>
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	ontains a resp	onse	or note to any line				
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ις N	1	а	Federated campaigns	1a						
ant	•			1b						
n Gr			Fundraising events							
ifts ar A			Related organizations							
s, G milå			Government grants (contri							
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, g similar amounts not included		2.	327,241.				
oti		g	Noncash contributions included in li		<u> </u>	18,814.				
Con		-	Total. Add lines 1a-1f				2,327,241.			
<u> </u>						Business Code	• •			
e	2	а								
Program Service Revenue		b								
Sei		с								
am eve		d								
ogr B		е								
P		f	All other program service r	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ing dividends,	intere	st, and				
							28,832.			28,832.
	4		Income from investment or	-	-	r i i i i i i i i i i i i i i i i i i i				
	5		Royalties		<u></u> .					
				(i) Rea	al	(ii) Personal				
	6			6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	(i) Secur						
	7	а	Gross amount from sales of	7a 388,9		(ii) Other				
			assets other than inventory	7a500,9	52.					
Ø		D	Less: cost or other basis	7ь397,3	37					
venue		~	and sales expenses Gain or (loss)	76 - 8, 4	05					
			Net gain or (loss)				-8,405.			-8,405.
Other Re			Gross income from fundraisin		·····		0,103.			0,405.
Othe	0	u	including \$							
Ŭ			contributions reported on							
			Part IV, line 18	,	8a	290,030.				
		b	Less: direct expenses			75,680.				
			Net income or (loss) from f				214,350.			214,350.
	9		Gross income from gaming							
			Part IV, line 19	-	9a					
		b	Less: direct expenses							
			Net income or (loss) from g							
	10	а	Gross sales of inventory, le	ess returns						
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from s	sales of invento	ory					
Ś						Business Code				
eou	11									
lan		b								
Miscellaneous Revenue		C								
Mis			All other revenue							
			Total. Add lines 11a-11d Total revenue. See instructio				2 562 010	0.	0.	234 777
	12			IIS	<u></u>		4,JU4,UI0.	U.	U •	234,777. Form <b>990</b> (2023)
33200	9 12-3	21-	23							FULLI 220 (2023)

332009 12-21-23

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

210,494. 124,234. 15,955. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 345,576. 203,959. 26,195. 115,422. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,118. 173,056. 102,137. Other employee benefits 40,102. 23,668. 3,040. Payroll taxes Fees for services (nonemployees): Management Legal 122,916. 72,545. 9,317. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 4,068. 6,892. 522. Advertising and promotion 16,420. 9,691. 1,245. Office expenses Information technology Royalties 79,882. 47,146. 6,055. Occupancy 27,753. 16,379. 2,104. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials .... 6,270. 805. 10,623. Conferences, conventions, and meetings 4,123. 32,100. 54,389. 30,232. Payments to affiliates 30,232. 8,035. 13,614. 1,032. Depreciation, depletion, and amortization 21,610. 12,754. 1,638. Insurance 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 0.) 110,816. 110,816. AGENCY RELATIONS CONTRACT SERVICES & LAB 75,916. 10,508. 1,350. 16,685. 9,847. 1,265. SPECIAL EVENTS 8,460. 4,993. 641. d PRINTING AND POSTAGE 36,611. 21,608. 2.775. e All other expenses 2,750,569. 2,169,280. 121,412. 459,877. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

#### UNITED WAY OF SOUTHWEST ALABAMA, INC. Form 990 (2023) Part IX Statement of Functional Expenses

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(C) Management and general expenses

(B)

Program service expenses

1,348,522.

**(D)** Fundraising

expenses

70,305.

57,801.

13,394.

41,054.

2,302.

5,484.

26,681.

9,270.

3,548.

18,166.

4,547.

7,218.

64,058.

5,573.

2,826.

12,228.

Form 990 (2023)

# 2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

### 11

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

Do not include amounts reported on lines 6b.

Grants and other assistance to domestic organizations

individuals. See Part IV, line 22

organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members

Compensation of current officers, directors,

and domestic governments. See Part IV, line 21 Grants and other assistance to domestic

Grants and other assistance to foreign

7b, 8b, 9b, and 10b of Part VIII.

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Interest

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

(A)

Total expenses

1,348,522.

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Form 990 (2023)

1

Part X | Balance Sheet

229,336. 418,565. 2 Savings and temporary cash investments 2 775,539. 618,520. Pledges and grants receivable, net 3 3 16,259. 7,168. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 19,501. 19,789. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 866,898. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 733,144. 111,467. 133,754. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 1,032,634. 911,044. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 4,621. 25,163. Other assets. See Part IV, line 11 15 15 2,316,915. 2,437,313. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 110,262. 44,906. 17 Accounts payable and accrued expenses 17 300,901. 195,218. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 17,217. 202,494. of Schedule D 25 322,697. 548,301. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,048,788. 1,526,759. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 945,430. 362,253. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,994,218. 1,889,012. 32 Total net assets or fund balances 32 2,316,915. 2,437,313. 33 33 Total liabilities and net assets/fund balances Form 990 (2023)

UNITED WAY OF SOUTHWEST ALABAMA, INC.

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

Cash - non-interest-bearing

63-0351568 Page **11** 

(B)

End of year

303,310.

(A)

Beginning of year

127,558.

Form	1990 (2023) UNITED WAY OF SOUTHWEST ALABAMA, INC.	63-03	851568	Page	<b>; 12</b>
Pa	rt 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	2,562		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,750		
3	Revenue less expenses. Subtract line 2 from line 1	3	-188		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,994		
5	Net unrealized gains (losses) on investments	5	83	,34	5.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	1,889	,01	2.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes I	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE						_		OMB No. 1545-0047
(Form 990)			rity Status an					0000
,	Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		2023
Department of the Treas	у		ttach to Form 990 or Fo					Open to Public
Internal Revenue Servic		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Name of the org					TNO			identification number
Part I Rea			SOUTHWEST AL2 (All organizations must c					3-0351568
			For lines 1 through 12, c			ee instruction	5.	
			on of churches described			I)( <b>A</b> )(i)		
			Attach Schedule E (Forn		1110(5)(1	·ለጥለי/·		
			anization described in se		(b)(1)(A)(ii	i).		
			njunction with a hospital			-	)(iii). Enter	the hospital's name,
	l state:	·						
5 🗌 An org	nization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
sectio	170(b)(1)(A)(iv). (C	Complete Part II.)						
	l, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X An org	nization that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in
sectio	170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🔄 A com	unity trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
-	-	-	in section 170(b)(1)(A)(		-		-	-
		grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
			than 33 1/3% of its supp					
			t to certain exceptions; a (less section 511 tax) fro					-
	tion 509(a)(2). (Co				ses acqui		janization a	attel Julie 30, 1973.
			ively to test for public sa	fotv Soo	section 50	)Q(a)(4)		
	-	-	ively for the benefit of, to	•			rry out the	purposes of one or
	-	-	id in section 509(a)(1) o	-			•	
-		-	f supporting organization					
	-	• •	upervised, or controlled				-	aiving
		-	gularly appoint or elect a	•	-			
orga	zation. You must o	complete Part IV, Se	ections A and B.					
ь 🗌 Тур	I. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
cont	l or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
orga	zation(s). You mus	t complete Part IV,	Sections A and C.					
	•	•	g organization operated				ly integrate	ed with,
			). You must complete I					
			orting organization oper					
	•	0 0	ation generally must sat	•		•	an attentiv	/eness
			nplete Part IV, Sections					
			written determination fro			турет, туре	п, туре п	
	nber of supported of		nally integrated supporti					
		n about the supporte	d organization(s)					
	supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount o	fmonetary	(vi) Amount of other
orga	zation		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Total

# Schedule A (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 2 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.)

260	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3495434.	3264684.	3224342.	2950951.	2498531.	15433942.			
2	Tax revenues levied for the organ-									
	ization'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	3495434.	3264684.	3224342.	2950951.	2498531.	15433942.			
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)									
	Public support. Subtract line 5 from line 4.						15433942.			
Sec	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	3495434.	3264684.	3224342.	2950951.	2498531.	15433942.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources $\dots$	20,783.	22,477.	46,186.	28,272.	28,832.	146,550.			
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.)	181,991.	272,952.	345,424.	222,048.		1065475.			
11	Total support. Add lines 7 through 10						16645967.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)				
_	organization, check this box and stop									
Sec	ction C. Computation of Publi	ic Support Per	centage			r - r				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	92.72 %			
	Public support percentage from 2022					15	91.67 %			
<b>1</b> 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2022. If the o									
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact			-	-	VI how the organiz	ation			
	meets the facts-and-circumstances te	-			-					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu		•		• •					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2023			

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Part III	Support Schedule for	or Organiza	tions Des	cribed in Section	า 509(a)(2)			
				SOUTHWEST		INC.	63-0351568	Page 3

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
-	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> 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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						'3%, and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
332023	3 12-21-23					Schee	dule A (Form 990) 2023

1

2

3a

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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13511216 794202 58-77755.000

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

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#### Schedule A (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			

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

Section C.	Section C. Type II Supporting Organizations												

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

Section D	. All Type	e 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Yes No

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Sche	dule A (Form 990) 2023 UNITED WAY OF SOUTHWEST			63-0351568 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

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UNITED WAY OF SOUT	IWEST ALABAMA, INC.
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		SOUTHWEST ALA		6	3-0351568	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Part VI     Supplemental Information. Provide the explanations required by Part II, line 10; Part II, lines 1 or 17b; Part II, Section R, Iines 1 and 2; Part II, line 12; Part V, Section R, Iines 1 and 2; Part II, Section R, Iines 2, 3, and 6. Also complete this part for any additional information. See Instructions	Schedule A	(Form 990) 2023	UNITED WAY	OF SOUTHWEST	r Alabama,	INC. 63-03515	568 Page 8
2001 E 21-23	Part VI	Section D, lines 5, 6, an	J, lines 2 and 3; Part IV, Se	ection E, lines 1c, 2a, 2	b, 3a, and 3b; Part V,	line 1; Part V, Section B, line	12; ection C, Ie; Part V,
202 E 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
2001 22 12 12 12 12 12 12 12 12 12 12 12 12							
200 22/1/3 25 26 26 4 (Form 990) 2							
2003 12-13 2014 A (Form 1990) /2 2013 12-13 2014 A (Form 1990) /2 2014 A (Form 1990) /2							
2012 TO 12 CONTRACT OF							
2021 12 12 2							
2014 P. (Form 990) 2							
2002 12.12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
2023 12.12.3							
2020 1:21:23							
2021 12:1:2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
2022 12.21.23 21 21 22 2							
2028 12.123							
2021 12.1.23 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1							
2020 12:1:23 21 21 21 21 21 21 21 21 21 21 21 21 21							
2022 12-213 Schedule A (Form 990) 2							
2022 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
2028 12-21-23 Schedule A (Form 990) 2							
12028 12-21-23 Schedule A (Form 990) 2							
71	32028 12-21-2	23		21		Schedule A (F	orm 990) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

	UNITED W	WAY OF	SOUTHWEST	ALABAMA,	INC.	63-0351568
Organization type (ch	neck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501	(c)( 3) (ei	nter number) organiz	zation		

	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

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

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

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

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

Name of organization

Employer identification number

UNITED WAY OF SOUTHWEST ALABAMA, INC.

63-0351568

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	AUSTAL USA 1 DUNLAP DR MOBILE, AL 36602	\$279,414.	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNIVERSITY OF SOUTH ALABAMA DEVELOPMENT 300 ALUMNI CIR MOBILE, AL 36688	\$ <u>145,298.</u>	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	REGIONS FINANCIAL <u>11 N WATER ST</u> MOBILE, AL 36602	\$ <u>131,802.</u>	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ALABAMA POWER 150 ST JOSEPH ST MOBILE, AL 36602	\$ <u>173,206.</u>	Person     X       Payroll     X       Noncash        (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4         THE LOUIS & JOSIE FORCHHEIMER         FOUNDATION         P.O. BOX 2527         MOBILE, AL 36622	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE WESTERVELT COMPANY 1400 JACK WARNER PKWY TUSCALOOSA, AL 35404	\$77,394.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

13511216 794202 58-77755.000

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

Name of organization

Employer identification number

63-0351568

#### UNITED WAY OF SOUTHWEST ALABAMA, INC. Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 ALABAMA STATE COMBINED CAMPAIGN X Person X Payroll 8 COMMERCE STREET SUITE 1140 57,618. Noncash \$ (Complete Part II for MONTGOMERY, AL 36104 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 BUDWEISER-BUSCH DISTRIBUTING CO. INC X Person Payroll 1050 EAST INTERSTATE 65 SERVICE RD N 50,000. Noncash (Complete Part II for MOBILE, AL 36617 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2023)

13511216 794202 58-77755.000

323452 12-26-23

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26-	-23		Schedule B (Form 990) (2023)

25

UNITED WAY OF SOUTHWEST ALABAMA, INC.

Name of organization

Employer identification number

63-0351568

Schedule B (Form 990) (2023)

### 13511216 794202 58-77755.000

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

Schedule	B (Form 990) (2023)			Page <b>4</b>					
Name of c	organization			Employer identification number					
UNITE	D WAY OF SOUTHWEST ALAB	AMA, INC.		63-0351568					
Part III		ions to organizations described in se	ection 501(c)(7), (8), or (10) the try For organizations						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of tra	Insferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gi	ft						
			<b>B</b> 1 11 11 11						
	Transferee's name, address, a		Relationship of tra	Insferor to transferee					
(a) No. from				wintion of how with in hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(a) Transfor of air							
	(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					
			• -						
323454 12-20	6-23	26		Schedule B (Form 990) (2023)					
		26							

13511216 794202 58-77755.000

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

SCHEDULE D	
•••••	

### (Form 990)

### **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.



Internal Revenue Service Name of the organization

Department of the Treasury

UNITED	WAY	OF	SOUTHWEST	ALABAMA,	INC.

Employer identification number 63-0351568

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ac	counts. Complete if the
		(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 w	riting that the assets held in dono	r advised fund	ds
	are the organization's property, subject to the organization's e	•		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?		•	° – –
Par				
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) 🛛 🗌 Preserva	ation of a histo	prically important land area
	Protection of natural habitat	Preserva	ation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	cture included on line 2a		_2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation easy	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handli	ing of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcin	g conservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	nservation ea	sements during the year
•				х х
8	Does each conservation easement reported on line 2d above	•		
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	Ũ	statements the	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	· •		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS		<b>U</b> • • • •	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			
		27		

	dule D (Form 990) 2023 UNITED 1 t III Organizations Maintaining C	WAY OF SOUT			er Simila	<u>63-03</u> ar Assets			ge <b>2</b>			
3	Using the organization's acquisition, accession						Contin	ueu)				
3	collection items (check all that apply).	on, and other records	, check any of the r	Showing that make s	signincant							
а	Public exhibition	d		nange program								
b		ŭ										
C A												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
5							7		N.			
Par	to be sold to raise funds rather than to be ma <b>t IV</b> Escrow and Custodial Arrang						Yes		No			
1 41	reported an amount on Form 990, Par		e ii the organization	answered res on	F0111 990	, Part IV, II	ne 9, or					
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	t included							
	on Form 990, Part X?						Yes	X	No			
b	If "Yes," explain the arrangement in Part XIII											
		·	C C				Amount					
с	Beginning balance				1c							
	Additions during the year											
	Distributions during the year											
	Ending balance					1						
	Did the organization include an amount on Fo						Yes		No			
	If "Yes," explain the arrangement in Part XIII.				,		_	$\square$				
Par		the organization ans	wered "Yes" on For	m 990, Part IV, line <sup>·</sup>	10.							
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years ba	ack			
1a	Beginning of year balance	1,032,634.	965,990.	1,077,365.		881,443.		929,7	33.			
	Contributions	, ,										
	Net investment earnings, gains, and losses	-130,595.	54,846.	-100,684.		211,543.		-14,6	56.			
	Grants or scholarships	-5,250.										
	Other expenditures for facilities											
C												
÷	Administrative expenses	9,005.	11,798.	10,691.		10,371.		9,6	89			
		911,044.	1,032,634.	956,990.	1	077,365.		881,4				
g 2	Provide the estimated percentage of the curr	, ,		,	-,	,		,-				
	Board designated or quasi-endowment	85.9010	%									
	Permanent endowment 14.0990	%										
		%										
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should											
20	Are there endowment funds not in the posses	•	tion that are hold on	d administored for t	ha							
Ja		ssion of the organizat	tion that are new an				ſ	Yes	No			
	organization by:						3a(i)	X				
	(i) Unrelated organizations?						3a(ii)		x			
<b>h</b>	(ii) Related organizations?	tiona listad on require	d an Cabadula D2						<u></u>			
4	Describe in Part XIII the intended uses of the						30					
Par	t VI   Land, Buildings, and Equipm		intent funds.									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.							
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c)	Accumulat	ed	(d) Bool	< value				
		basis (investm			epreciatior		( )					
<b>1</b> a	Land	49,0	)17.				49	9,01	7.			
	Buildings				428,1	84.		1,55				
	Leasehold improvements				-,-			, : 5				
	Equipment	0.0.0	560.		216,7	37.	(	9,82	3.			
	Other				88,2		-	36				
	Add lines 1a through 1e. (Column (d) must e			(B))	-		13	3,75				
		quai i Unn 330, Fall /		<i>بر</i> م		Schedule		-				

332052 09-28-23

Schedule [	D (Form 990) 2023			SOUTHWEST	ALABAMA,	INC.	63-0351568 <sub>Page</sub> 3
Part VII	Investments - C	Other Securitie	es				
	Complete if the orga	anization answered	d "Yes" on	Form 990, Part IV, line	e 11b. See Form	990, Part X, lir	ne 12.
<b>(a)</b> Descri	iption of security or catego	Ory (including name of s	security)	(b) Book value	(c) Metho	d of valuation:	Cost or end-of-year market value
(1) Financ	ial derivatives						
(2) Closely	y held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col.	(b) must equal Form 990,	, Part X, line 12, col.	(B))				
Part VII	I Investments - F	-					
	Complete if the orga	anization answered	d "Yes" on	Form 990, Part IV, line	e 11c. See Form	990, Part X, lir	ne 13.
	(a) Description of i	investment		(b) Book value	(c) Metho	d of valuation:	Cost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990,	, Part X, line 13, col.	(B))				
Part IX	_						
	Complete if the orga	anization answered		Form 990, Part IV, line	e 11d. See Form	990, Part X, lir	
			<b>(a)</b> De	scription			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	umn (b) must equal For	r <u>m 990, Part X, line</u>	e 15, col. (E	3))			
Part X	Other Liabilities					E 000 B	
				Form 990, Part IV, line	e 11e or 11f. See	Form 990, Pa	
<u>1.</u>	. ,	escription of liabilit	У				(b) Book value
	deral income taxes						100.001
	LLOCATIONS F						177,331.
	URRENT PORTI	LON OF OPI	SRATIN	G LEASE			F10
	IABILITIES						5,410.
	PERATING LEA		JITIES	, LESS			10 550
	URRENT PORTI	LON					19,753.
(7)							
(8)							
(9)							
	<u>umn (b) must equal For</u>						202,494.
2. Liabilit	y for uncertain tax posi	itions. In Part XIII,	provide the	e text of the footnote t	to the organizatio	on's financial st	tatements 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 📖 🗴

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 UNITED WAY OF SOUTHWEST AL				0351568 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	2,335,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	83,345.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-9,005.		
е	Add lines 2a through 2d			2e	74,340.
3	Subtract line 2e from line 1			3	2,261,117.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	300,901.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	300,901.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,562,018.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	2,440,663.
1 2				1	2,440,663.
_	Total expenses and losses per audited financial statements			1	2,440,663.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	2,440,663.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	2,440,663.
2 a b	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c		1	2,440,663.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		1 2e	0.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d			
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		2e	0.
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,005.	2e	0.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		2e	0. 2,440,663.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	9,005. 300,901.	2e	0. 2,440,663. 309,906.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	9,005. 300,901.	2e 3	0. 2,440,663.

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:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS

EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) 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, 2023, THE

Schedule D (Form 990) 2023

13511216 794202 58-77755.000

332054 09-28-23

13511216 794202 58-77755.000

332055 09-28-23

PART XI, LINE 4B - OTHER ADJUSTMENTS: DONATIONS RECEIVED THAT ARE SPECIFICALLY DESIGNATED FOR A 300,901. PARTICULAR AGENCY PART XII, LINE 4B - OTHER ADJUSTMENTS: DONATIONS PAID THAT ARE SPECIFICALLY DESIGNATED FOR A PARTICULAR AGENCY 300,901.

INVESTMENT EXPENSE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION

#### UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 5 Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued)

-9,005.

(Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ, line 6a. Ogen to Public Inspection       Open to Public         Department of the organization       Attach to Form 990 or Form 990-EZ, line 6a. Ogen to Public       Open to Public         Name of the organization       Employer identification number       63 - 0351568         Part       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.       1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a       All solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants       Solicitation of government grants       No         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Activity       (ii) Activity       (iii) Correlained by) fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to (or retained by) organization	SCHEDULE G	Suppleme	ental Information Regardin	g Fundrais	ing or Gaming A	ctivities	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service         Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.         Open to Public Inspection           Name of the organization         Employer identification number 63-0351568           Part I         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.           1         Indicate whether the organization raised funds through any of the following activities. Check all that apply.           a         Mail solicitations           b         Internet and email solicitations           c         Phone solicitations           g         Special fundraising events           d         In-person solicitations           g         Special fundraising services?           y employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?           b         If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.           (i) Name and address of individual or entity (fundraiser)         (ii) Activity         (iii) Activity hudraiser control building?         (iv) Gross receipts from activity         (v) Amount paid to (or retained by) organization	(Form 990)		-			r 19, or if the	2023					
Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection         Name of the organization       Employer identification number         0.1	Department of the Treasury											
UNITED WAY OF SOUTHWEST ALABAMA, INC.       63-0351568         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants       c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Did fundraiser have custord or or activity from activity fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Gross receipts from activity fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Gross receipts from activity fundraiser is to be control or or or or activity from activity fundraiser is to lead to (or retained by) organization	Internal Revenue Service		•									
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         c       Phone solicitations       g         special fundraising events       d       In-person solicitations         d       In-person solicitations       g         special fundraising services?       Yes         key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (ii) Name and address of individual or entity (fundraiser)       (iii) Activity         (iii) Activity       (iii) Activity         (iii) Activity       (iii) Did fundraiser form activity from activity         (iii) Activity       (iii) Activity	Name of the organization											
required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       No         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Activity       (iv) Gross receipts fundraiser is to be fundraiser is control of contributions?       (v) Amount paid to (or retained by) organization         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iv) Gross receipts fundraiser listed in col. (i)       (vi) Amount paid to (or retained by) organization	Dart L Eundrais											
a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       No         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual or entitivity       (iii) Did fundraiser for entity (fundraiser) for entity (fundraiser)       (iv) Amount paid to (or retained by) fundraiser listed in col. (i)       (v) Amount paid to (or retained by) organization	required to	<b>FUNCTAISING ACTIVITIES.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity (iv) Gross receipts from activity listed in col. (i)	<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>z a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>											
Yes         No	.,		(ii) Activity	have custody or control of		to (or retained b fundraiser	y) to (or retained by)					
				Yes No								
Total	Total											
<ul> <li>3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.</li> </ul>	3 List all states in wh				s or has been notified	it is exempt from	registration					

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

32 2023.05050 UNITED WAY OF SOUTHWEST A 58-77751 UNITED WAY OF SOUTHWEST ALABAMA, INC.

63-0351568 Page 2

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 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			tente man grees receipt	
			(a) <sup>Event</sup> #1 AUSTAL USA GOLF TOURNAM	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	290,030.			290,030.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	290,030.			290,030.
	4	Cash prizes				
Se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				75,680.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			75,680.
<b>D</b>	11	Net income summary. Subtract line 10 from li				214,350.
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
ne		\$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				5 1 5 5		
ŭ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	0	Volunteer labor	No No	Νο	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	/ear?	Yes No
0000		40.00			Oak -	dulo C (Earm 000) 0000
33208	\$2 09	-13-23			Sche	dule G (Form 990) 2023

2023.05050 UNITED WAY OF SOUTHWEST A 58-77751

Sche	edule G (Form 990) 2023	UNITED	WAY O	FS	SOUTHWEST	ALABAMA,	INC. 63	-0351568	Page <b>3</b>
11	Does the organization conduct ga	ming activities	with nonm	embe	ers?			Yes	No
12	Is the organization a grantor, bene to administer charitable gaming?							Yes	No
13	Indicate the percentage of gaming								
	The organization's facility								%
	An outside facility							13b	%
14	Enter the name and address of the	e person who p	prepares the	e orga	anization's gaming	/special events b	ooks and records:		
	Name								
	Address								
15a	Does the organization have a con	tract with a thir	d party fror	m who	om the organizatic	on receives gamin	g revenue?	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue rec	eived by th	ne org	anization \$		and the amount		
	of gaming revenue retained by the	e third party	\$						
С	If "Yes," enter name and address								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$		-					
	Description of services provided								
	· · ·								
	Director/officer	Employe	е		Independent c	ontractor			
	Mandatory distributions:		-1	L. L			-1- 4-		
а	Is the organization required under retain the state gaming license?							Yes	No No
b	Enter the amount of distributions						ations or spent in the		
	organization's own exempt activit	ies during the t	ax year	\$			•		
Pa	rt IV Supplemental Infor							Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide a	any ao	dditional information	on. See instructio	ns.		
33208	3 09-13-23				34		Sch	edule G (Form	990) 2023

Schedule G	i (Form 990) Supplemental Infor	UNITED WAY	OF	SOUTHWEST	ALABAMA,	INC.	63-0351568	Page 4
Part IV	Supplemental Infor	mation (continued)						
							Schedule G (F	orm 990)
332084 04-01-	22							,

332084 04-01-23

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545	
Department of the Treasury Internal Revenue Service			Attach to Form				Open to P	
		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspecti	
Name of the organization UNITED WA	Y OF SOUTI	HWEST ALABAI	MA, INC.				Employer identification 63-0351	
Part I General Information on Grants a								
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	tance?					stance, and the selecti	on X Yes	□ No
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$1 (a) Name and address of organization	65,000. Part II can (b) EIN	(c) IRC section	onal space is neede	ed. (e) Amount of	(f) Method of	(g) Description of	(h) Purpose of gra	Int
or government		(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance	
AIDS ALABAMA 4321 DOWNTOWNER LOOP N MOBILE, AL 36609	58-1727755	501(C)(3)	6,908.	0.			PROGRAM OPERATING C	:OST
ALPHA WOMEN'S RESOURCE CENTER 6479 HIGHWAY 43 JACKSON, AL 36545	63-1072822	501(C)(3)	6,792.	0.			PROGRAM OPERATING C	OST
AMERICAN RED CROSS, ALABAMA GULF COAST CHAPTER - P.O. BOX 1764 - MOBILE, AL 36601	63-0288803	501(C)(3)	15,605.	0.			PROGRAM OPERATING C	OST
BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA – 9 DAUPHIN STREET, SUITE 101 – MOBILE, AL 36602	61-1683905	501(C)(3)	9,469.	0.			PROGRAM OPERATING C	OST
BOYS AND GIRLS CLUB OF SOUTH ALABAMA - 1509-D PLAZA DR MOBILE, AL 36660	63-0414826	501(C)(3)	8,872.	0.			PROGRAM OPERATING C	OST
CATHOLIC SOCIAL SERVICES 400 GOVERNMENT ST. MOBILE, AL 36601 2 Enter total number of section 501(c)(3) ar	63-0627699		12,082.	0.			PROGRAM OPERATING C	OST

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

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

# UNITED WAY OF SOUTHWEST ALABAMA, INC.

Schedule I (Form 990) UNITED WA		63-0351568 Page 1					
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEARBORN YMCA							
321 N. WARREN ST.							
MOBILE, AL 36603	63-0302188	501(C)(3)	12,272.	0.			PROGRAM OPERATING COST
DRUG EDUCATION COUNCIL							
954 GOVERNMENT ST.							
MOBILE, AL 36604	63-0572302	501(C)(3)	12,109.	0.			PROGRAM OPERATING COST
DUMAS WESLEY COMMUNITY CENTER							
126 MOBILE ST.							
MOBILE, AL 36607	63-0312909	501(C)(3)	22,667.	0.			PROGRAM OPERATING COST
FAMILY PROMISE OF COASTAL ALABAMA							
P. O. BOX 40881 MOBILE, AL 36604	38-3684968	501(C)(3)	8,181.	0.			PROGRAM OPERATING COST
MOBILE, AL 50004	30-3004900	501(0)(5)	0,101.	0.			FROGRAM OFERALING COST
FEEDING THE GULF COAST							
P. O. BOX 7762							
MOBILE, AL 36607	63-0821997	501(C)(3)	29,432.	0.			PROGRAM OPERATING COST
GOODWILL GULF COAST							
2448 GORDON SMITH DR.	(2, 02(2072)	F01(0)(2)	10,402	0			
MOBILE, AL 36617	63-0363972	501(C)(3)	10,483.	0.			PROGRAM OPERATING COST
GULF REGIONAL EARLY CHILDHOOD							
SERVICES - 975 WEST I-65 SERVICE							
RD. N MOBILE, AL 36618	63-1056487	501(C)(3)	16,481.	Ο.			PROGRAM OPERATING COST
· · · · ·							
HOME OF GRACE FOR WOMEN							
394 ADLOCK RD.							
EIGHT MILE, AL 36613	51-0198236	501(C)(3)	30,355.	0.			PROGRAM OPERATING COST
UNICING FIDER							
HOUSING FIRST 15 N. JOACHIM ST.							
MOBILE, AL 36602	63-1178693	501(C)(3)	11,223.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

# UNITED WAY OF SOUTHWEST ALABAMA, INC.

Schedule I (Form 990) UNITED WAY		63-0351568 Page 1					
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELINES FAMILY COUNSELING CENTER							
705 OAK CIRCLE DR. E.							
MOBILE, AL 36604	63-0388685	501(C)(3)	14,294.	0.			PROGRAM OPERATING COST
MCKEMIE PLACE							
913 S BROAD ST							
MOBILE, AL 36603	27-1716993	501(C)(3)	20,087.	0.			PROGRAM OPERATING COST
MULHERIN CUSTODIAL HOME							
15 N. JOACHIM ST.							
MOBILE, AL 36602	63-0388323	501(C)(3)	18,863.	0.			PROGRAM OPERATING COST
DZANAM CHARITABLE PHARMACY							
571 DAUPHIN STREET							
MOBILE, AL 36602	72-1386236	501(C)(3)	16,061.	0.			PROGRAM OPERATING COST
PENELOPE HOUSE							
P. O. BOX 9127							
MOBILE, AL 36691	63-0763198	501(C)(3)	25,594.	0.			PROGRAM OPERATING COST
REGIONAL CHILD ADVOCACY CENTER							
P.O. BOX 841							
GROVE HILL, AL 36451	63-1162511	501(C)(3)	9,769.	0.			PROGRAM OPERATING COST
RONALD MCDONALD HOUSE CHARITIES OF							
MOBILE - 1626 SPRINGHILL AVENUE -							
MOBILE, AL 36604	63-1181258	501(C)(3)	11,874.	0.			PROGRAM OPERATING COST
				· · ·			
SALVATION ARMY OF COASTAL ALABAMA							
1009 DAUPHIN ST.							
MOBILE, AL 36601	58-0660607	501(C)(3)	8,730.	0.			PROGRAM OPERATING COST
SICKLE CELL DISEASE ASSOCIATION -							
MOBILE COUNTY - 1453 SPRINGHILL							
AVE - MOBILE, AL 36604	63-0772355	501(C)(3)	10,280.	Ο.			PROGRAM OPERATING COST

Schedule I (Form 990)

# UNITED WAY OF SOUTHWEST ALABAMA, INC.

Schedule I (Form 990) UNITED WA		63-0351568 F					
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Doi	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF SOUTHWEST ALABAMA (FKA EDUC CTR FOR INDEPENDENCE) – 234 HEARN DR. – CHATOM, AL 36518	63-0673646	501(C)(3)	14,242.	0.			PROGRAM OPERATING COST
THE CHILD ADVOCACY CENTER 1351 SPRINGHILL AVE MOBILE, AL 36604	63-0917400	501(C)(3)	28,395.	0.			PROGRAM OPERATING COST
UNITED CEREBRAL PALSY 193 LYONS PARK AVE. MOBILE, AL 36601	63-0340302	501(C)(3)	37,648.	0.			PROGRAM OPERATING COST
VIA HEALTH, FITNESS AND ENRICHMENT CENTER – 1717 DAUPHIN ST. – MOBILE, AL 36604	63-0590039	501(C)(3)	31,350.	0.			PROGRAM OPERATING COST
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY. MOBILE, AL 36609	63-1260841	501(C)(3)	50,529.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

### Schedule I (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC.

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

63-0351568

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Dout

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

. L 3

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 ALABA

		Employer identification number
MA,	INC.	63-0351568

Pa	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of deter noncash contributio	•	ts
4	Art Marka of art						
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
40	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
44	Historic structures Qualified conservation contribution - Other						
14 15							
15 16							
16 17	Real estate - Commercial						
17	Real estate - Other						
18 10							
19 20	Food inventory						
20 21	Drugs and medical supplies						
21	Taxidermy						
22 23	Historical artifacts						
23 24	Scientific specimens						
24 25	Archeological artifacts Other (DONATED GOODS)	x	0	16,752.			
25 26	Other (DONATED SPACE)	X	0	1,128.			
20 27	Other (DONATED SERVICE)	X	0	934.			
28	Other ( )			5011			
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co				
20	for which the organization completed Form 828						
			encer lenneug			Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it		
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period?					Da	x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	1	X
32a		-	-	•	····· F		
	contributions?		-		3	2a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is chec	ked,		

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M Part II	(Form 990) 2023 <b>Supplemental</b> is reporting in Part this part for any ac	Information	<ul> <li>Provide to ne number of</li> </ul>	SOUTHWEST the information required to the information required to the second se	ALABAMA , irred by Part I, lines number of items r	<b>INC</b> . 30b, 32b, and eceived, or a co	63-0351568 33, and whether the organize mbination of both. Also com	Page <b>2</b> ation plete
332142 09-11-2	3						Schedule M (Form	n 990) 2023
				42	2			

13511216 794202 58-77755.000

42 2023.05050 UNITED WAY OF SOUTHWEST A 58-77751 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITED WAY OF SOUTHWEST ALABAMA, INC.

63-0351568

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

BASIC ESSENTIALS FOR MEMBERS OF THE SOUTHWEST ALABAMA COMMUNITY.

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

SUPPORT FOR DOLLY PARTON IMAGINATION LIBRARY/BOOK DISTRIBUTION,

VOLUNTEER INCOME TAX ASSISTANCE, VOLUNTEER CONNECT, DISASTER RECOVERY,

AND OTHER PROGRAMS.

EXPENSES \$ 644,124. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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 EXECUTIVE COMMITTEE MEETS WITH THE PRESIDENT AND CHIEF EXECUTIVE

OFFICER BEFORE THE START OF THE NEW YEAR. THE EXECUTIVE COMMITTEE CONDUCTS

A PERFORMANCE EVALUATION AND THEN RECOMMENDS A SALARY FOR THE PRESIDENT AND

CHIEF EXECUTIVE OFFICER FOR THE COMING PERIOD. THIS RECOMMENDATION IS TAKEN

TO THE BOARD OF DIRECTORS IN EXECUTIVE SESSION. THE FULL BOARD THEN HEARS

 THE RECOMMENDATION IN EXECUTIVE SESSION AND A DECISION IS RENDERED. THE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Name of the organization	Employer identification number
UNITED WAY OF SOUTHWEST ALABAMA, INC.	63-0351568
DECISION IS COMMUNICATED TO THE CFO FOR ACTION. THE PRESIDE	ENT AND CHIEF
EXECUTIVE OFFICER IS RESPONSIBLE FOR DETERMINING SALARIES F	FOR THE CFO AND
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.

332212 11-14-23

SCHEDULE	R
(Form 990)	

#### (Form 990)

# **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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 63 - 0351568

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNITED WAY OF SOUTHWEST ALABAMA, INC.

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

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

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

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC.

63-0351568 Page 2

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.

		, jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
										+	
	-										
	1										
	1										
	4										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) olled ity?
		country)		01 11 434		235013		Yes	No

# Schedule R (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
о	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	X	
	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE GORDON SMITH CENTER	Q	0.	ACTUAL EXPENSE
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

# Schedule R (Form 990) 2023 UNITED WAY OF SOUTHWEST ALABAMA, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	1.	2	(f)	(g)	(r	1	(i)	(j)		(k)
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e) e all				Dor-	Code V-LIBI	(J) Gener:		(יי) ercentade
of entity	T Timary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3)	total	end-of-year	Disprotion tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing r2 C	wnership
,		country)	excluded from tax under sections 512-514)	Yes				Yes	No	(Form 1065)	Yes		
				165	NO			165	NU	(	1621		
												_	
												_	
												+	

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023
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# Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23