Form	990	a	,
	•		

Return of Organization Exempt From Income Tax

Open to Public Inspection

rong Co	/ Under Section 50 I(c), 527, or 4847 (a)(i) of the internal nevenue Code (except private lourigation	J
	► Do not enter social security numbers on this form as it may be made public.	_
	▶ Do not enter social security numbers on this form as it may be made public. // / /	7
Department of the Treasury		1
nternal Revenue Service.	Information about Form 900 and its instructions is at www irs gov/form 900	

2016 and ending MAR 31. For the 2016 calendar year, or tax year beginning APR C Name of organization D Employer identification number Check if applicable Address Ichange UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 431-0116 POST OFFICE DRAWER 89 (251)termi ated 4,299,476 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-F Name and address of principal officer LARRY DAVIS Yes X No for subordinates? 218 SAINT FRANCIS ST. MOBILE, AL 36602 H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c) (4947(a)(1) or 527) ◀ (insert no.) [If "No," attach a list. (see instructions) J Website: ► WWW.USWSWA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1926 M State of legal domicile: AL .Part I ∣ Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE Activities & Governance IN THE COMMUNITY. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 867 Total number of volunteers (estimate if necessary). 6 7 a Total unrelated business revenue from Part VIII, column (C) line 12 VFD 7a b Net unrelated business taxable income from Form 990-T, line 34 699 0-8 **Prior Year Current Year** JAN 1 6 2018 3,777,284 4,152<u>,</u>900. Contributions and grants (Part VIII, line 1h) 18 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3,4, and 7d) DEN UT 33,905 28,043. 10 149.804 110.191. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,960,993 4,291,134. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,795,969 3,267,798. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 020,796. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 765 436. 16a Professional fundraising fees (Part IX, column (A), line 11e) 564,322. b Total fundraising expenses (Part IX, column (D), line 25) 598,909 604,547. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,415,674 4,637,781. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -454,681 -346,647. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 3,979,426. 3,746,870. 20 Total assets (Part X, line 16) 849,558 179,884. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 29.868. 566,986. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (office than officer) is based on all information of which preparer has any knowledge ON

Signature of officer Sign DAVIS, CHIEF FINANCIAL OFFICER Here Type or print name and title

	1 7 7				<i>1</i>			
	Print/Type preparer's	s name		Preparer's signature	\	Date	Check	PTIN
Paid	GLENN W. E	BROWN, I	II_	/3mm/	tm	1/8/18	self-employed	P00510188
Preparer	Firm's name 🕨 R	RUSSELL	THOMPSON	BŬTLER &	HOUSTON	Firm	's EIN 🛌 6	3-0965059
Use Only	Firm's address F	OBOX	70106				_ _	
	<u>M</u>	MOBILE,	AL 36670			Pho	пе по. (251) 473-555

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form 990 (2016)

	990 (2016) UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly 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? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 2,882,767. including grants of \$ 3,191,054.) (Revenue \$)
	ALLOCATIONS TO VARIOUS HEALTH AND HUMAN SERVICE ORGANIZATIONS
4b	(Code) (Expenses \$108,988. including grants of \$) (Revenue \$)
	VOLUNTEER CONNECT IS A PROGRAM DESIGNED TO ASSIST NONPROFIT PARTNERS IN
	RECRUITING VOLUNTEERS AND PROMOTING EVENTS. VOLUNTEER CONNECT IS A
	DATABASE WHERE NONPROFITS SHARE THEIR VOLUNTEER NEEDS AND EVENTS WITH THE PUBLIC WHO, IN TURN, CAN REGISTER TO PARTICIPATE. UWSWA BENEFITS
	DIRECTLY FROM VOLUNTEER CONNECT BY USING IT TO PROMOTE VOLUNTEER NEEDS
	FOR ITS OWN PROGRAMS INCLUDING VOLUNTEER INCOME TAX ASSISTANCE (VITA).
	THE VITA PROGRAM RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS IN THE
	FREE PREPARATION OF INDIVIDUAL TAX RETURNS. THE PROGRAM FOCUSES ITS
	EFFORTS ON SERVING LOW INCOME INDIVIDUALS AND FAMILIES, THE ELDERLY,
	PERSONS WITH DISABILITIES, AND PERSONS WITH LIMITED ENGLISH
	PROFICIENCY.
4c	(Code) (Expenses \$ 77,026. including grants of \$ 76,744.) (Revenue \$)
	PROJECT 2-1-1 IS A HEALTH AND HUMAN SERVICE HOTLINE AND ALSO PROVIDES
	EMERGENCY ASSISTANCE SUPPORT COVERING ALL PHASES OF AN EMERGENCY
	INCLUDING PREVENTION, PLANNING, RESPONSE AND RECOVERY.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 806,041 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 3,874,822.
	Form 950 (2016)

Form 990 (2016) UNITED WAY OF SOUTHWEST ALABAMA

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>_x_</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			}
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	}
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	[·
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,]		
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	-21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	·	х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	ļ	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	_	[[
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	ļ	<u>X</u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ł	l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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	ļ	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	 	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,.	
4	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	
	complete Schedule G, Part III	19 Form	990	<u>X</u> (2016)
		rom	マプレ	(סוט∠ץ)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	'	х
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	ļ	'	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	,	ļ]
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	<u> </u>	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	X	
35a	·	35a	X_	—
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]	}
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			-
	Note, All Form 990 filers are required to complete Schedule O	38	X _	<u> </u>
				(2016)

Form 990 (2016) UNITED WAY OF SOUTHWEST ALABAMA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		L
	(gambling) winnings to prize winners?	1c	X	
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 returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:	İ		1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-	<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
_	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 the organization solicit any contributions that were not tax deductible as chartable contributions?			x
b		6a		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		v
	sponsoring organization have excess business holdings at any time during the year?	8		X
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_	.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			l .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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 Enter the amount of reserves on hand 13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	-	
			990	(0040)

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

	Check if Sahadula O contains a vacanance as note to any line in this Bost VI					\mathbf{x}
Sec.	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management	•				<u> </u>
Jec	, Acterning Body and Management			···]	Vac	Na
	Production and the second seco	1	ه د	-	Yes	<u>No</u>
та	Enter the number of voting members of the governing body at the end of the tax year	1 <u>a</u>	29			,
	If there are material differences in voting rights among members of the governing body, or if the governing					ŀ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		٠,			+
	Enter the number of voting members included in line 1a, above, who are independent	_1b	29			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	-		- '
	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or 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		ıs filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6	<u>X</u> _	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?		-	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?		•	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:	_	_	
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				-	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	/es," d	escnbe			
	in 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	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)				_
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its j	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatio	n's	_		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶AL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	availab	le	
	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	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	i finan	cial	
	statements available to the public during the tax year.		- •			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
	LARRY DAVIS - 251-431-0116					
	POST OFFICE DRAWER 89, MOBILE, AL 36601					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this boy if poither the exceptration per any related exceptration componented any current officer, director, or trusted

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per		Position do not check more than or					Reportable compensation	Reportable compensation	Estimated amount of
	week	box, unless person is both an officer and a director/trustee)						from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	20	ĺ	ĺ	ated	İ	organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	ubeus		(W-2/1099-MISC)	· · · · · · · · · · · · · · · · · · ·	organization and related
	below	ag I	Institutional trustee	_	Key employee	stcor				organizations
	line)	P P	Instit	Officer	Keye	Highest compensated employee	Former			- · g · · · · · · · · · · · · · · · ·
(1) CHARLES E. HYLAND JR	5.00									
VICE CHAIR/CAMPAIGN CHAIR		X		X	ļ			0.	0.	0.
(2) DONALD KEELER	2.00		, i				ļ		:	
IMMEDIATE PAST CHAIR		X		X			<u> </u>	0.	0.	0.
(3) JOHN ANDERSON JR	5.00	ļ			1				_	_
TREASURER		X		X		_	<u> </u>	0.	0.	0.
(4) MARK FILLERS	5.00									_
CHAIRMAN		X		X	-		ļ	0.	0.	<u>0.</u>
(5) MERCERIA LUDGOOD	5.00				ł					
SECRETARY		Х		X	\vdash	┢		0.	0.	0.
(6) DONALD L. ADAMS	2.00						ĺ			
TRUSTEE		X			-	-	<u> </u>	0.	0.	0.
(7) BRANDON ARMSTRONG	2.00	•			}		Ì	1	0.	^
TRUSTEE	2.00	X						0.	ļ <u>-</u>	0.
(8) CHAD BLANTON	2.00	X		j	ļ		ŀ	0.	0.	0.
TRUSTEE	2.00	^				-				
(9) DAVID L. TRENT TRUSTEE	2.00	X						0.	0.	0.
(10) MARTHA L. PEEK	2.00	A	_	-	İ	\vdash	\vdash			
TRUSTEE	2.00	х			l			0.	0.	0.
(11) ELIZABETH D. FREEMAN	2.00	-		1	<u> </u>					
TRUSTEE		x						0.	0.	0.
(12) REV. JIM DUFRIEND	2.00									
TRUSTEE		x			ļ			0.	0.	0.
(13) RICK NORRIS	2.00					1				
TRUSTEE		X						0.	0.	0.
(14) BRIAN JORDAN	2.00									
TRUSTEE		X			_			0.	0.	0.
(15) SHEARIE ARCHER	2.00									
TRUSTEE		X				<u></u>	$oxed{oxed}$	0.	0.	0.
(16) ALLAN H. LADD	2.00									
TRUSTEE		X				_	<u> </u>	0.	0.	0.
(17) OWEN BAILEY	2.00		1	ĺ	1		ĺ			
TRUSTEE		X	L	<u> </u>	l		<u> </u>	<u> </u>	<u> </u>	0 . Form 990 (2016

632007 11-11-16

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A).	(B)				C)			(D)	(E)	(F)
, Name and true	Average	(da	not c	Pos			one	Reportable	Reportable	Estimated
\	hours per	box	, unte	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>	Cer ar	10 2 0	III OCII	T	100)	from	from related	other
,	hours for	recto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
i	related	e or d	tee		l	sate	Ì	(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	trustee or director	institutional trustee		8	age.		(** 27 1000 111100)		and related
	below	Individual	rgour		Key employee	sst co	₅			organizations
	line)	lidiv	Instr	Officer	Key e	Highest compensated employee	Готтет			
(18) MIKE FINE	2.00	[_					ļ			_
TRUSTEE	<u> </u>	X				_		0.	0	. 0
(19) BETH THOMAS	2.00									
TRUSTEE		X						0.	. 0	. 0
(20) RAYMOND L BELL JR	2.00									
TRUSTEE		X				<u> </u>	<u> </u>	0.	0	. 0
(21) CELIA COLLINS	2.00					l	1			_
TRUSTEE		X				L.		0.	0	0
(22) ERIN S. JONES	2.00	1							_	_
TRUSTEE		X	<u> </u>	_		<u> </u>		0.	0	. 0
(23) SYDNEY G. RAINE	2.00	٠,					ļ	0.		. 0
TRUSTEE	2.00	X			1	┼—		0.	0	•
(24) TODD GREER	2.00	X						0.	0	. 0
TRUSTEE (25) RICK LAMBERT	2.00	^	-			\vdash		- 0.		•
TRUSTEE	2.00	\mathbf{x}						0.	0	. 0
(26) WILLIAM B. SISSON	2.00									
TRUSTEE		X				l	<u> </u>	0.	0	
1b Sub-total							>	0.	0	
c Total from continuation sheets to Part V	II, Section A							116,000.	0	
d Total (add lines 1b and 1c)							<u> </u>	116,000.	0	0
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	
compensation from the organization										Yes No
3 Did the organization list any former officer,	director or tri	ıcto	م لام	or	nnle	oo	or	highest companested a	mployee on	les No
line 1a? If "Yes," complete Schedule J for s	•		e, ne	y Cı	пріс	усс	, 01	riigitest compensated e	inployee on	3 X
4 For any individual listed on line 1a, is the si			amn	ensa	ation	n and	d off	her compensation from	the organization	, ,
and related organizations greater than \$15	•							•	are organization	4 X
5 Did any person listed on line 1a receive or									idual for services	7
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	•								•	nsation from
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	rthir		year.	-
(A) Name and business	address	NT/					ł	(B) Description of s	sen/ICes	(C) Compensation
The state of the s		TAC	INC						-	
		_								
							-			
							_			
										٤
2 Total number of independent contractors (including but n	ot li	mıte	d to	tho	se lis	sted	l above) who received m	nore than	j.

632008 11-11-16

\$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

								BAMA, INC.	63-035	1568
Part VII Section A. Officers, Directors, Tr		nple	oyee		_	ligh	<u>est</u>			
(A)	(B)	Ì			C)			(D)	(E)	(F)
, Name and title	Average hours	(c)	heck		ition		la.	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0)	IECH	all	liiat	Γ	(y)	from	from related organizations	other compensation
	(list any	ector				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	eg ge			sated	ŀ	(W-2/1099-MISC)		organization
	related organizations	fruste	al trus!		ae.	nad III				and related organizations
	below	ndual	Institutional trustee	نة	Key employee	nest co	je j			3
	line)	ğ	lst	Officer	Key	皇	Former			
(27) JEAN WALKER-TUCKER	2.00	x				;		0.	0.	0.
TRUSTEE (28) HENRY O'CONNOR	2.00	^					 	0.		<u> </u>
TRUSTEE	2.00	x						0.	0.	0.
(29) LEIDA JAVIER-FERRELL	2.00									
TRUSTEE		x						0.	0.	0.
(30) CLIFFORD GRIMES	55.00								_	_
PRESIDENT & CEO		<u> </u>		X				116,000.	0.	0.
							-			
										·
			_					-	_	
									-	
							-			
			_			<u></u>				
a .										
· 							-			
							-			-
										-
			<u> </u>				_			
	ļ.———						<u> </u>			
\	<u> </u>									
		•		-				444		
Total to Part VII, Selection A, line 1c								116,000.		

63-0351568 UNITED WAY OF SOUTHWEST ALABAMA, INC. Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue fts, Grants | r Amounts | 1a 3,705,559. 1 a Federated campaigns Membership dues 1b 2,279 10 c Fundraising events d Related organizations 1d 76,744 1e e Government grants (contributions) f All other contributions, gifts, grants, and 368,318 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 4,152,900 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 14,291 14,291. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 13,752 assets other than inventory b Less: cost or other basis and sales expenses 13,752. c Gain or (loss) 13,752. 13,752. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 2,279. of including \$ contributions reported on line 1c). See Part IV, line 18 8,342 b Less: direct expenses -8,342. c Net income or (loss) from fundraising events -8.3429 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a SERVICE FEE REVENUE 900099 98,033 98,033 900099 20,500 20,500 ь ADMINISTRATIVE REVENUE

5,949.

118,533.

291,134.

d Ali other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

132,285

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 3,267,798. 3,267,798. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 34,800. 34,800. 46,400. 116,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 170,076. 472,433. 250,389. 51,968. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 136,833. 72,521. 15,052. 49,260. Other employee benefits 21,290. 4,419. 14,461. Payroll taxes 40,170. 10 Fees for services (non-employees): Management Legal 19,431. 36,662. 4.033. 13,198. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) <u>3,768.</u> 7,109. 782. <u> 2,559.</u> Advertising and promotion 12 10,633. 29,675 15,641. 3.401. 13 Office expenses Information technology 15 Royalties 54,295. 28,619. 6,222. 19,454. 16 Occupancy 16,434. 8,711 1,806. 5,917. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,549. 14,078. 7,461. 5,068. Conferences, conventions, and meetings 19 20 Interest 45,095. 45,095. Payments to affiliates 21 2,135. 19,413. 10,289. 6,989. Depreciation, depletion, and amortization 22 7.179. 1,490. 4,877. 13,546. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17,669. a CONTRACT SERVICES & LAB 166,973. 2,435. 146,869. b SPECIAL EVENTS 141,326. 78,686. 17,108. 45,532. 7,789. 14,776. 5,294. 1,693. c PRINTING AND POSTAGE 4,596. 1,397. 3,199. d AGENCY RELATIONS 4,649. 40,569. 21,384. 14,536. e All other expenses 564,322. 4,637,781. 3,874,822 198,637. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

<u></u> _
(B) End of year
699,727
218,113
,793,895
26,421
20, 221
-
22 242
23,343
141 000
141,929
843,442
<u>-</u> -
F46 0F0
<u>,746,870</u>
294,441
<u>577,609</u>
150,000
<u>157,834</u>
<u>,179,884</u>
117,921
,389,065
60,000
-
,566,986
,746,870

	990 (2016) UNITED WAY OF SOUTHWEST ALABAMA, INC.	63-03	51568	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>LX</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,291		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,637		
3	Revenue less expenses. Subtract line 2 from line 1	3	-346		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,129		
5	Net unrealized gains (losses) on investments	5	43	, 8	<u>64.</u>
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 in Schedule O)	9	<u>-260</u>	0,0	<u>99.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,566	, 9	86.
Pa	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .			<u> </u>
			'	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).		_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			'
	separate basis, consolidated basis, or both:				,
	Separate basis Consolidated basis Both consolidated and separate basis		1. 1		
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	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public

Inspection

Name of the organization **Employer identification number** UNITED WAY OF SOUTHWEST ALABAMA, 63-0351568 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2016 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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (òr fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3675162.	3040377.	2720241	4684964.	2012710	18142462.
2	Tax revenues levied for the organ-	3073102.	3040377.	3123241.	4004304.	3012/10.	10142402.
2	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	ļ		1			
4	Total, Add lines 1 through 3	3675162.	3040377.	3729241.	4684964.	3012718.	18142462.
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,	1					
	column (f)						
	Public support. Subtract line 5 from line 4			_			18142462.
<u>Se</u>	ction B. Total Support						 -
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3675162.	3040377.	3729241.	4684964.	3012718.	18142462.
8	Gross income from interest,						
	dividends, payments received on]	'				
	securities loans, rents, royalties			•			
	and income from similar sources	15,371.	12,460.	13,507.	25,66 <u>7</u> .	14,291.	81,296.
9	Net income from unrelated business		ı				
	activities, whether or not the						
	business is regularly carried on		 				ļ
10	Other income. Do not include gain	ĺ					
	or loss from the sale of capital	[
	assets (Explain in Part VI.)	28,208.	349,818.	<u>345,637.</u>	462,092.	257,480.	1443235.
	Total support. Add lines 7 through 10						19666993.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	_	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Se	organization, check this box and stor ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (lıne 6, column (f) di	vided by line 11, o	olumn (f))		14	<u>92.25 %</u>
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	<u>92.63 %</u>
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [X]$
t	33 1/3% support test - 2015. If the c	organization did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation .	•		
17a	10% -facts-and-circumstances tes	-					·
	and if the organization meets the "fac			-	· ·	rt VI how the orga	nization
	meets the "facts-and-circumstances"	_	•		•		▶□
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						θ ,
	organization meets the "facts-and-circ		=	=	-		
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 99)	0 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (e) 2016 (c) 2014 (d) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public/Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage, for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentagé from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

632023 09-21-16

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

Section A	A. All Supporting Organizations
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	- 1		
	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).	2_		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		_	
	(b) and (c) below.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	. !	
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.	4b		-
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		-
h	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?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
U	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		!	
	, , , , , , , , , , , , , , , , , , , ,	ļ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	}		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			l
	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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>	<u> </u>	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	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	İ		
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b	<u> </u>	

	dule A (Form 990 or 990-EZ) 2016 UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-03	<u>5156</u>	8 Pa	age <u>5</u>
Pa	† I∀ 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 in (b) and (c)	-		
	below, the governing body of a supported organization?	_11a		
b	A family member of a person described in (a) above?	_ 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	
<u>Sec</u>	tion B. Type I Supporting Organizations			_
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 carned out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			ı
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion D. All Type III Supporting Organizations		1	1
			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			ĺ
	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		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		-
<u></u>	supported organizations played in this regard.	3	<u> </u>	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b	<u> </u>	<u></u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3 <u>a</u>	-	-
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.	3 <u>b</u>	<u> </u>	<u> </u>

Sche Pa	dule A (Form 990 or 990-EZ) 2016 UNITED WAY OF SOUTHWEST			63-0351568 Page 6
	Type in item tunesionally integrated decia/(e) dapper uni	_		Dad V(I) Continue Allena Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	_		Part VI.) See Instructions. Al
Sect	ion A - Adjusted Net Income	inbiere 2	(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		4		T
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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 1-1/2% of line 3 (for greater amount,	1	-	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum 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-functional	ly integrat	ed Type III supporting or	ganization (see
	Instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Sche Par	dule A (Form 990 or 990-EZ) 2016 UNITED WAY OF Type III Non-Functionally Integrated 509			3-0351568 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
_	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	ì			
b _	1			
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			1
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ								INC.		51568	Page 8
Part Vi	Supplemental I Part IV, Section A, Ii line 1; Part IV, Secti Section D, lines 5, 6	ines 1, 2, 3b on D, lines 2	, 3c, 4b, 4c, 5 ∶and 3; Part l	ia, 6, 9a, V, Sectio	9b, 9c, 11 n E, lines 1	a, 11b, aı 1c, 2a, 2b	nd 11c; Pai o, 3a, and 3	rt IV, Sec b; Part V	tion B, lines 1 , line 1; Part V	and 2, Part , Section B,	IV, Section line 1e; Par	C, rt V,
	(See instructions.)											
										_		
												
											<u></u>	
												
		· 										
												
			<u></u>									
							<u></u>					
									-			
												
												
	<u>. — — — — — — — — — — — — — — — — — — —</u>											
											_	
		. <u>-</u>							<u></u>			
			· <u>-</u>					·				
					<u></u>							
												 _
		· - ·-										
												, 4
												· _

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERN WAY OF COUTHWEST ALARAMA

Employer identification number 63-0351568

Pai	rt I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, line		
		(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 wr	riting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv		· · ·
•	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?		Yes No
Pai		nization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	· 	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	cture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	•	other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	,,	· ·
	historical treasures, or other similar assets held for public exhib	·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	•	al gaın, provide
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. • \$
<u>b</u>	Assets included in Form 990, Part X		

632051 08-29-16

Schedule D (Form 990) 2016

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

b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ending balance 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Indomment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Beginning of year balance			WAY OF SOUT					<u>51568</u>	
ticheck all that apply: Particle exhibition d Loan or exchange programs	Par								
a Public exhibition d Loan or exchange programs b Cherr Cherr Cherry research e Cherr Cherry research e Cherry Cherry research e Cherry Cherry Reservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization a collection? Part IV Excrown and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other Intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "ves," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c Amount 1c Amount 1c Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?	3	•	on, and other records	s, check any of the	following that a	re a signific	ant use of its	collection it	ems
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Scorow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. 1b if "yes", explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 If "yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1		· · · · · · · · · · · · · · · · · · ·	_	┌ ┐					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in et al. 1b Tyes, "explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	а	== .	d		hange program	S			
A 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year belance (a) Current year (b) Prov years (c) Two years back (d) Three years back (e) Four years (d) Two years back (d) Three years back (e) Four years (d) Two years back (e) four years back (e) Four years (d) Two years back (e) four years back (e) Four years (d) Two years back (e) Tree years back (e) Four years (d) Two years back (e) four years back (e) Four years (d) Two years back (e) four years back (e) Four years (d) Two years back (e) Three years back (e) Four years (d) Two years back (e) Three years back (e) Four years (d) Two years back (e) Three years back (e) Four years (d) Two years back (e) Three years back (e) Four years (d) Two years back (e)	b		е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other elimitar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspect, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following tables: Amount C. Beginning balance d. Additions during the year e. Distributions during the year e. Distributions during the year f. Ending balance and include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 149	C	-							
to be seld to raise funds rather than to be maintained as part of the organization's collection?	4							t XIII.	
Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table:	5			•		sımılar asse	ts	ا	
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prorry year (c) Two years back (d) Three years back (e) Four years (e) Current year (d) Prorry year (d) Three years back (e) Four years (e) Current year (e) Two years back (e) Two years back (e) Four years (e) Current year (e) Prorry year (e) Prorry year (e) Prorry year (e) Prorry years (e) Prorry yea	Dar								No
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Lives, "explain the arrangement in Part XIII and complete the following table: Amount Liu Additions during the year Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If I Ending balance 2 Did the organization include an amount on Form 990, Part X, line 10. Part V	Fai			te if the organizatio	n answered 16	as on rom	990, Part IV,	iirie 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII. Chock here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year basek (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Prior year		`~_ `~		ion, for contribution	o or other asse	te not includ			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Amount Id Id Id Id Id Id Id I	18		an or other intermedi	lary for contribution	is or outer asse	is not includ	,eu	7	X No
d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part V, line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		•	and complete the foll	 Iowina table:				7 162	ALI NO
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years be to Contributions 14 Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years be to Contributions 140 1990, 2071, 781, 1990, 893, 400 (c) Two years back (d) Three years back (e) Four years be to Contributions 140 1990, 506, 2071, 781, 1990, 893, 400 (c) Two years back (d) Three years back (e) Four years be to Contributions 140 1990, 506, 2071, 781, 1990, 893, 400 (c) Two years back (d) Three years back (e) Four years be to Contributions 140 1990, 506, 2071, 781, 1990, 893, 400 (c) Two years back (d) Three years back (e) Four years back (e) Three years back (e) Four years	ь	ii res, explain the attangement in Fart Alli	and complete the los	iowing table.				Amount	
d Additions during the year Distributions during the year 1		Paginning holonos				t	10	Allount	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Contributions c Net investment earnings, gains, and losses (d) Fries years back (e) Four years back (e) Four years back (d) Contributions c Net investment earnings, gains, and losses (d) Fries years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Fou	ن ام	_	-	•	•	•		-	
the provided an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment.	•					· -		_ -	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	•		•		•				
B f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	20		orm 990 Part X line	 21 for escrow or ci	 Istodial accoun		" 	Ves	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four							. —] [== ''`
1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Two years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four year (e) Four year (e) Four year <td>=</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	=								
1a Beginning of year balance 781,153, 958,106, 906,207, 781,190, 893,4 b Contributions 140,190, 655,227, 136,549, 80,7 c Net investment earnings, gains, and losses of Grants or scholarships 71,195, -7,450, 65,227, 136,549, 80,7 e Other expenditures for facilities and programs 295,199, 3,950, 3,850, 186, 6,5 f Administrative expenses 8,906, 14,494, 9,378, 7,682, 6,5 g End of year balance 843,442, 781,153, 958,106, 906,207, 781, 2 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % % Temporarily restricted endowment ▶ % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by; (i) unrelated organizations (ii) related organizations 3a(i), 3a(i), 3a(ii), 3a(ii) (ii) related organizations 15 (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description							ree vears back	(e) Four ve	ars back
b Contributions c Not investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment March March March	1a	Beginning of year balance			1				93_478.
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 49,017 455,283 365,142 90,14 49,07 477,777 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07 49,07	h	. • • • • •							, , , , , , ,
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 843,442, 781,153, 958,106, 906,207, 781,2 Provide the estimated percentage of the current year end balance (line 1g, collumn (a)) held as: Board designated or quasi-endowment 9/6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 199,948, 197,177, 2,77	c	• • • • • • • • • • • • • • • • • • • •	71 195		65	227	136 549.		80,703.
e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 4 29, 017. 4 29, 017. b Buildings c Leasehold improvements d Equipment 199, 948. 197, 177, 2, 77.	ď								
and programs f Administrative expenses g End of year balance B 43 442	e								
## Administrative expenses ## B 906. 14 494. 9 378. 7 682. 6 . 9 ## End of year balance ## B 43 442. 781 153. 958 106. 906 207. 781 . 781 . 7 ## Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: ## B Board designated or quasi-endowment ▶	•	•		295 199.	3	950.	3 850.	18	86,007.
g End of year balance 843 442. 781 153, 958 106, 906 207, 781. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 49,017 49,017 b Buildings 455,283 365,142 90,144 c Leasehold improvements d Equipment 199,948 197,177 2,775	f	· · · · · · · · · · · · · · · · · · ·	8 906						6.984.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		-						71	81,190,
a Board designated or quasi-endowment ▶	2								
b Permanent endowment \	a	· -	,	-	,,				
Temporarily restricted endowment ▶	b		%	_					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 49,017. 49,01 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements d Equipment 199,948. 197,177. 2,77	c								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 49,017. 49,017 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements d Equipment 199,948. 197,177. 2,77			uld equal 100%.						
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,017. 49,017. 5 Buildings 5 Leasehold improvements 6 Equipment 199,948. 197,177. 2,77	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	d for the org	janization		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 49,017. 1a Land 49,017. 49,017. 5 Buildings 5 Leasehold improvements 6 Equipment 199,948. 197,177. 2,77			_					Y	es No
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,017. 49,017 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements d Equipment 199,948. 197,177. 2,77		(i) unrelated organizations						3a(i) 3	ζ
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,017. 49,01 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements d Equipment 199,948. 197,177. 2,77		(ii) related organizations						3a(ii)	X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,017. Buildings Leasehold improvements d Equipment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 49,017. 49,01 49,017. 199,948.	b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (e) Accumulated depreciation (f) Book value deprecia	Pai	t VI Land, Buildings, and Equipm	ient.						
basis (investment) basis (other) depreciation 1a Land 49,017. 49,01 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements 199,948. 197,177. 2,77		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	Part X, line 1	0.		
1a Land 49,017. 49,01 b Buildings 455,283. 365,142. 90,14 c Leasehold improvements 199,948. 197,177. 2,77		Description of property	1-7					(d) Book v	alue
b Buildings 455,283. 365,142. 90,14 c Leasehold improvements 199,948. 197,177. 2,77	10	l and			· - · - -			49	017
c Leasehold improvements d Equipment 199,948. 197,177. 2,77		•				365	.142		
d Equipment 199,948. 197,177. 2,77							,		· •
		·	199	948.		197	.177	2	771.
		• •							0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					10c.)		•	141	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 UNITED WAY OF SOUTHWEST	ALABAMA, INC.	63-0351568 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	<u>4b</u>	
C	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5
Pai	t XII Reconciliation of Expenses per Audited Financial Sta		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	. <u>2b</u>	
C	Other losses	. <u>2</u> c	
d	Other (Describe in Part XIII.)		-
е	Add lines 2a through 2d	•	. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
þ	Other (Describe in Part XIII.)	_4b	
C	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIII Supplemental Information.	<u> </u>	. 5
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Dort IV lines the and Ohi Dor	t V line 4: Dort V line 0: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		(V, III 0 4, Fart X, III 0 2, Fart XI,
111163	zu and 45, and 1-art An, illies zu and 45. Also complete this part to provide any	accinonal information.	
			
			
			
			,
			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2016

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization **Employer identification number** UNITED WAY OF SOUTHWEST ALABAMA, 63-0351568 INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or L No _ Yes key 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Pa		e G (Form 990 or 990-EZ) 2016 UNITED i Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answe	red "Yes" on Form 990, Par	t IV, line 18, or reported	
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2 YOUNG LEADERS	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts .		2,279.		2,279.
	2	Less: Contributions		2,279.		2,279.
	3	Gross income (line 1 minus line 2)				1
	<u> </u>	Cross treome (time 1 minus time 2)		+		
	4	Cash prizes .				
_	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Irect E	7	Food and beverages .		 		
١	8	Entertainment				}
	9	Other direct expenses .		387.		387.
	10	Direct expense summary. Add lines 4 through	• • •		🟲	387
Pa	<u>11</u> rt 1	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d) answered "Yes" on Fe	orm 990. Part IV. line 19. or	reported more than	-387.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue		•	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
B		Gross revenue				
		areas revenue				†
uses	2	Cash prizes .				
Expenses	3	Noncash prizes			<u> </u>	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
				% Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	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)	_	Ĺ <u> </u>
	_					
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of the	se states?		Yes No
	_					
		re any of the organization's gaming licenses re Yes," explain:	· ·	=	year? 	Yes No
	_					

Sche	edule G (Form 990 or 990-EZ) 2016 UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-0351568 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name >
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
	of gaming revenue retained by the third party ▶\$
C	If "Yes," enter name and address of the third party:
	Name
	Address >
16	Gaming manager information:
	Name
	Gaming manager compensation ▶ \$
	Description of convices provided
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year 🕨 \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
•	
_	

Schedule G	(Form 990 or 990-EZ) Supplemental Info	UNITED WA	Y OF	SOUTHWEST	ALABAMA,	INC.	63-0351568	Page 4
Part IV	Supplemental Info	ormation (continued	<u>d)</u>					
	•							
								
								
							 	
							·	
		·····						
							 -	
								
								
	·							
	 							
								

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2016	Open to Public Inspection

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

Employer identification number 63-0351568 Vos. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC. UNITED WAY OF SOUTHWEST ALABAMA, General Information on Grants and Assistance Name of the organization Part

ON THE STATE OF TH		n Form 990, Part IV, line 21, for any	
:		the organization answered "Yes" or	
: .	pring the use of grant funds in the United States.	ations and Domestic Governments. Complete if	be duplicated if additional space is needed.
criteria used to award the grants of assistance?	2 Describe in Part IV the organization's procedures for monitoring the use	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
CLITE	2 Desc	Part II	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, ALABAMA GULF COAST CHAPTER - P. O. BOX 1764 -	2.088800	F01(0)(3)	27 512	c			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
BOYS AND GIRLS CLUB OF SOUTH ALABAMA - 1509-D PLAZA DR	63-0414826	50 (C) (3)	125 000				COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
CATHOLIC SOCIAL SERVICES 400 GOVERNMENT ST. MOBILE, AL 36601	63-0627699	501(C)(3)	37,500.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
BAY AREA FOOD BANK P. O. BOX 7762 MOBILE AL 36607	63-0821997	501(C)(3)	51 510	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
DEARBORN YMCA 321 N. WARREN ST. MOBILE AL 36603	63-0302188	501(C)(3)	60,590	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
1 A L	63-0572302	501(C)(3)	46,900,	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table			:	

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

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

Schedule I (Form 990) (2016)

- 1
∞
6
S
1
35
0
i i
3
9

Schedule (Form 990) UNITED WAY OF SOUTHWEST ALABAMA, INC. Dart Continuation of Grante and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Y OF SOUT	SOUTHWEST ALABAMA.	MA, INC.	ited States (Sche	dule I (Form 990), Par		63-0351568 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUMAS WESLEY COMMUNITY CENTER 126 MOBILE ST. MOBILE, AL 36607	63-0312909	501(C)(3)	95,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
FAMILY PROMISE OF COASTAL ALABAMA P. O. BOX 40881 MOBILE, AL 36604	38-3684968	501(C)(3)	15,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
LIFELINES FAMILY COUNSELING CENTER 705 OAK CIRCLE DR. E. MOBILE, AL 36604	63-0388685	501(C)(3)	156,400.	.0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
GOODWILL EASTER SEALS OF THE GULF COAST - 2448 GORDON SMITH DR MOBILE, AL 36607	63-0363972	501(C)(3)	104,250.	.0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
HOME OF GRACE FOR WOMEN 394 ADLOCK RD. EIGHT MILE, AL 36613	51-0198236	501(C)(3)	97,000.	.0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
HOUSING FIRST D/B/A HOMELESS COALITION - 15 N. JOACHIM ST MOBILE, AL 36602	63-1178693	501(C)(3)	.000 09	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
MOBILE AREA EDUCATION FOUNDATION 605 BEL AIR BLVD., SUITE 400 MOBILE, AL 36606	58-2005291	501(C)(3)	.000,25	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501(C)(3)	35,000.	0,			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
MOBILE ASSOCIATION FOR RETARDED CITIZENS - 2424 GORDON SMITH DR MOBILÉ, AL 36607	63-0421791	501(C)(3)	000 06	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY) Schedule (Form 980)

α)
V	>
Ľ)
-	1
Ľ	
~)
	3
ī	
Ç	
V	כ

(a) Name and address of organization or government	1						
MULHERIN CUSTODIAL HOME	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STT				•			COMMUNITY ALLOCATION/DESIGNATION TO
MOBILE, AL 36601 PENELOPE HOUSE P. O. BOX 9127	63-0388323	501(C)(3)	25,000	0			AGENCY (MOBILE COUNTY) COMMUNITY ALLOCATION/DESIGNATION TO
LE, AL 36691 LE PRESCHOOL ORY IMPAIRED	63-0763198	501(C)(3)	92,500,	0			AGENCY (MOBILE COUNTY) COMMUNITY ALLOCATION/DESIGNATION TO
REGIONAL CHILD ADVOCACY CENTER P. O. BOX 841 GROVE HILL AL 36.451	63-1162511	501(C)(3)	17 322	Ö			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (CLARKE COUNTY)
)	28-0660607	501(C)(3)	115,000,	o			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
SENIOR CITIZENS SERVICES/VIA 1717 DAUPHIN ST. MOBILE AL 36604	63-0590039	501(0)(3)	30,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
ST. MARY'S HOME 4350 MOFFAT RD. MOBILE, AL 36618	63-1236789	501(C)(3)	120,000,	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
	63-0340302	501(C)(3)	69,400.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY, MOBILÉ, AL 36609	63-1260841	501(C)(3)	111,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY) Cobadial Kerm 000)

α)
Y	>
Ľ)
τ-	i
Ľ)
ď	
C	>
١	
~)
V	>

Schedule I (Form 990) UNITED WAY OF SOUTHWEST ALABAMA, INC. Dart II Continuation of Greate and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Y OF SOUT	SOUTHWEST ALABAMA,	MA, INC.	ited States (Sche	dule I (Form 990). Par		63-0351568 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILD ADVOCACY CENTER 1351 SPRINGHILL AVE MOBILE, AL 36604	63-0917400	501(C)(3)	60,000,	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
ALTAPOINTE HEALTH SYSTEMS 5750-A SOUTHLAND DRIVE MOBILE, AL 36693	63-3004739	501(C)(3)	10,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
THE ARC OF CLARK COUNTY P. O. BOX 553 JACKSON, AL 36545	63-0753616	501(C)(3)	7,361,	0.			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (CLARKE COUNTY)
WILMER HALL CHILDREN'S HOME 3811 OLD SHELL RD. MOBILE, AL 36608	63-0302184	\$01(C)(3)	55,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
GULF REGIONAL EARLY CHILDHOOD SERVICES - 975 WEST I-65 SERVICE RD, N, - MOBILE, AL 36618	63-1056487	501(C)(3)	70,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
IONAL CENT NDENCE - 2	63-0673646	501(C)(3)	35,055.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (WASHINGTON COUNTY)
CRITTENTON YOUTH SERVICES 30 SCHILLINGER RD N #105 MOBILE, AL 36608	63-0335378	501(C)(3)	45,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
RONALD MCDONALD HOUSE CHARITIES OF MOBILE - 1626 SPRINGHILL AVENUE - MOBILE, AL 36604	63-1181258	501(C)(3)	41,500.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA - 9 DAUPHIN STREET, SUITE 101 - MOBILE, AL 36602	61-1683905	501(C)(3)	40,000	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY) Schedule (Form 990)

Schedule I (Form 990) UNITED WAY OF SOUTHWEST ALABAMA, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Y OF SOUT	SOUTHWEST ALABAMA, se to Governments and Organizatio	MA, INC.	nited States (Sche	dule I (Form 990), Pa		63-0351568 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD DAY CARE ASSOCIATION 209 S WAHINGTON AVENUE MOBILE, AL 36602	63-0302117	501(C)(3)	25,000.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
MCKEMIE PLACE 913 SOUTH BROAD STREET MOBILE, AL 36603	27-1716993	501(C)(3)	10,000.	0.			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
		501(C)(3)	16,828.	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
THE LEARNING TREE PO BOX 1306 SEMMES, AL 36575	63-0854115	501(C)(3)	40,000	0			COMMUNITY ALLOCATION/DESIGNATION TO AGENCY (MOBILE COUNTY)
						,	

Schedule I (Form 990)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. HAVE SIGNED PARTNERSHIP AGREEMENTS WITH THE ORGANIZATION. THE AGREEMENTS 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. THE ORGANIZATION PROVIDES ALLOCATIONS AND DESIGNATIONS TO AGENCIES THAT ARE UPDATED PERIODICALLY AND REQUIRE THE AGENCY PARTNER TO SUBMIT (d) Amount of non-cash assistance ORGANIZATIONAL AND FINANCIAL DATA TO SUSTAIN ELIGIBILITY (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: Part III

Schedule I (Form 990) (2016)

40

632102 11-01-16

1

Page 2

63-0351568

UNITED WAY OF SOUTHWEST ALABAMA, INC.

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC.	Employer identification number 63-0351568
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SUPPORT FOR OTHER COMMUNITY PROJECTS AND PROGRAM SERVICE	ES
EXPENSES \$ 806,041. INCLUDING GRANTS OF \$ 0. REVENUE	Е \$ 0.
FORM 990, PART VI, SECTION A, LINE 4:	
TO AMEND BYLAWS TO INCLUDE THE CHANGE IN YEAR END FROM	3/31 TO 6/30.
FORM 990, PART VI, SECTION A, LINE 6:	
RECIPIENTS OF CASH ALLOCATIONS ARE PARTNERS WITH THE UN	ITED WAY OF
SOUTHWEST ALABAMA, A NOT FOR PROFIT CORPORATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
OFFICERS ARE ELECTED AT THE ANNUAL MEETINGS BY THE BOAR	D OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION HAS A FIRM OF CERTIFIED PUBLIC ACCOUNTS	ANTS 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 PROVIDE	ED 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 CH	IEF EXECUTIVE

632211 08-25-16

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

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

Employer identification number Name of the organization UNITED WAY OF SOUTHWEST ALABAMA, INC. 63-035<u>15</u>68 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 DECISION IS COMMUNICATED TO THE CFO FOR ACTION. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR DETERMINING SALARIES 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 XI, LINE 9, CHANGES IN NET ASSETS: DONOR DESIGNATED CONTRIBUTIONS -1,014,987.DONOR DESIGNATED PAYMENTS 754,888. -260,099. TOTAL TO FORM 990, PART XI, LINE 9

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2016 Open to Public Inspection

OMB No 1545-0047

Employer identification number.

63-0351568

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. UNITED WAY OF SOUTHWEST ALABAMA, Name of the organization Part I

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Identification of Related Tax-Exempt Organizations. Complete in organizations during the tax year.		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more r	elated tax-exempt

(a)	(q)	(၁)	(p)	(e)	9	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 572(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?
				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.	×
	Γ					
	 					
	Γ					
~						_

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

Schedule R (Form 990) 2016

63-0351568 Page 2

Schedule R (Form 990) 2016 UNITED WAY OF SOUTHWEST ALABAMA, INC.

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

(a)	a	(3)	(p)	(e)	£	(6)	3	(2)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
										-

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. Part IV

		[3	5	17)	ę	(5)	3	€	
(a)	<u>e</u>)	9	D)	(a)	=	(A)	<u> </u>	≥	ş
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or	Legal domicile Direct controlling Ty (C of forward)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	- <u>8</u> 3
		(Adunoo		or truety		assets		Yes No	2
								-	
								-	
			!						
									1
,						ı			
7									

Schedule R (Form 990) 2016

632162 09-06-16

1

Schedule R (Form 990) 2016 UNITED WAY OF SOUTHWEST ALABAMA, INC.

36.	
5b, o	
34, 3	
, line	
Sart I∕	
990,	
Form	
_ - - - -	
¥ã	
Were	
n ans	1
izatio	
orgar	
if the	
plete	
Cor	
rtions	
aniza	
d Org	
elate	
With A	
ons V	
sacti	
Tran	
~ >	
Par	ļ

45 Schedule R (Form 990) 2016	532163 09-06-16
	(9)
	(5)
	(4)
	(3)
Q 3,000.ACTUAL EXPENSES	(2) THE GORDON SMITH CENTER
L 2,000.ADMINISTRATIVE	(1) THE GORDON SMITH CENTER
(b) (c) (d) Transaction Amount involved Method of determining amount involved type (a-s)	(a) Name of related organization
ation on who must complete this line, including covered relationships and transaction thresholds.	2 If the answer to any of the above is "Yes," see the instructions for information of
	 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
	 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
	o Sharing of paid employees with related organization(s)
ated organization(s) organization(s)	 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
rganization(s)	
	j Lease of facilities, equipment, or other assets to related organization(s)
	 h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)
	g Sale of assets to related organization(s)
	f Dividends from related organization(s)
	e Loans or loan guarantees by related organization(s)
	Clift, grant, or capital contribution from related organization(s) Giff, grant, or capital contribution from related organization(s)
utfty	
ions with one or more related organizations listed in Parts II-IV?	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?
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

63-0351568 Page 4

Schedule R (Form 990) 2016 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.

	and Samuel and Samuel	17		1		1=7	1		5	1
(a) Name, address, and EIN of entity	(u) Primary activity	횰튭	Predominant income (related, unrelated,	Are all 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispropor Code V-UBI General or Percentage bonde amount in box 20 managing ownership of changing k.1 percent	U) General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
					•					
							_			
							_			
				_					_	
					•				_	
									$\frac{1}{2}$	
					_		_			
				_						
							-			
									-	
				_						
				-						
							_			
							_			
				+			+			
									_	
							_			
				4			_		-	

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016 Supplemental Infor	UNITED	WAY	OF	SOUTHWEST	ALABAMA.	INC.	63-0351568	Page 5
Part Vil	Supplemental Infor	mation							
	Provide additional informa	rtion for rooms			ana an Cabadula D	See instructions			
	Provide additional informa	ation for respon	ises to c	questic	ons on Schedule R.	See instructions.			
	•								
	•								
									
									
									
									
•									
					_ 				
•									