

Diamond, Carmichael & Gary, P.A.
475 S Hull St
Montgomery, AL 36104
334-834-7720

November 13, 2024

CONFIDENTIAL

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

Dear Mrs. Booker:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Diamond, Carmichael & Gary, P.A.
475 S Hull St
Montgomery, AL 36104

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Diamond, Carmichael & Gary, P.A.

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

75-3165175

United Ways of Alabama

Net Asset / Fund Balance at Beginning of Year 2,043,970

Revenue

Contributions	<u>1,923,573</u>	
Program service revenue	<u>1,234,609</u>	
Investment income	<u>46,404</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>148,485</u>	
Direct expenses	<u>104,727</u>	
Net income	<u>43,758</u>	
Other income	<u>0</u>	
Total revenue		<u>3,248,344</u>

Expenses

Program services	<u>3,087,573</u>	
Management and general	<u>32,437</u>	
Fundraising	<u> </u>	
Total expenses		<u>3,120,010</u>
Excess / (deficit)		<u>128,334</u>

Changes

Net Asset / Fund Balance at End of Year 2,172,304

Reconciliation of Revenue

Total revenue per financial statements	<u>3,353,070</u>	
Less:		
Unrealized gains	<u> </u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u>104,726</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total revenue per return	<u><u>3,248,344</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>3,224,736</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u>104,726</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total expenses per return	<u><u>3,120,010</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,815,599</u>	<u>2,974,809</u>	
Liabilities	<u>771,629</u>	<u>802,505</u>	
Net assets	<u><u>2,043,970</u></u>	<u><u>2,172,304</u></u>	<u>128,334</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/24
 Failure to file penalty _____

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

2023

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

Name of filer <p style="text-align: center;">United Ways of Alabama</p>	EIN or SSN <p style="text-align: center;">75-3165175</p>
Name and title of officer or person subject to tax <p style="text-align: center;">Becky Booker Executive Director</p>	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,248,344
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Diamond, Carmichael & Gary, P.A. to enter my PIN 65175 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 11/15/24

Part III Certification and Authentication

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

63686319999

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 11/15/24

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization United Ways of Alabama		D Employer identification number 75-3165175
	Doing business as		E Telephone number 334-269-4505
	Number and street (or P.O. box if mail is not delivered to street address) 8 Commerce Street Suite 1140		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Montgomery AL 36104		G Gross receipts\$ 3,353,071
	F Name and address of principal officer: Becky Booker 8 Commerce Street Suite 1140 Montgomery AL 36104		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

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

K Form of organization: Corporation Trust Association Other

L Year of formation: 2004 **M** State of legal domicile: AL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,344,618	1,923,573
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	949,006	1,234,609
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,837	46,404
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,705	43,758
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,495,166	3,248,344
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	249,452	274,642
	b Total fundraising expenses (Part IX, column (D), line 25)		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,185,753	2,845,368
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,435,205	3,120,010	
19 Revenue less expenses. Subtract line 18 from line 12	59,961	128,334	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,815,599	2,974,809
	22 Net assets or fund balances. Subtract line 21 from line 20	771,629	802,505

Part II Signature Block

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

Sign Here	Signature of officer Becky Booker		Date	
	Type or print name and title Executive Director			
Paid Preparer Use Only	Print/Type preparer's name James J. Gary, III	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00353479
	Firm's name Diamond, Carmichael & Gary, P.A.	Firm's EIN 63-0634040		
	Firm's address 475 S Hull St Montgomery, AL 36104	Phone no. 334-834-7720		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
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 \$ 959,502 including grants of \$) (Revenue \$ 975,526)

UWAL contracted with the Alabama Department of Human Resources to assist "work-eligible" SNAP recipients with employment and training services through the ARESET (Alabama Resources for Enrichment, Self-Sufficiency, and Employment Training) program. The program is designed to help eligible SNAP recipients obtain the skills needed to get a job or get a better job. The 2-1-1 Connects Alabama network screened 70,947 clients for eligibility in 2023.

4b (Code:) (Expenses \$ 822,824 including grants of \$) (Revenue \$)

UWAL has partnered with AIDS Alabama to help consumers, small businesses and their employees as they look for health care coverage options through the Marketplace, including completing eligibility and enrollment forms. The 2-1-1 Connects Alabama network screened 84,654 callers to identify those who needed health care coverage. Our navigators helped 16,604 Alabamians unfamiliar with the ins and outs of the healthcare system, helped 328 to get the best care and coverage, and did outreach at 131 events.

4c (Code:) (Expenses \$ 807,573 including grants of \$) (Revenue \$)

See Schedule O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 497,674 including grants of \$) (Revenue \$ 259,083)

4e Total program service expenses 3,087,573

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	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 on 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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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
c	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 charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	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			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
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 sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, family relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Becky Booker 8 Commerce Street Suite 1140 AL 36104 334-269-4505
Montgomery

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like Walter Hill, Molli Gipson, Daniel Kasambira, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Input box with 'X' checked

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

Table with 4 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,248,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,120,010
3	Revenue less expenses. Subtract line 2 from line 1	3	128,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,043,970
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,172,304

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: United Ways of Alabama; Employer identification number: 75-3165175

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	540,879	317,721	594,469	2,344,618	1,923,573	5,721,260
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	540,879	317,721	594,469	2,344,618	1,923,573	5,721,260
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5,721,260

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	540,879	317,721	594,469	2,344,618	1,923,573	5,721,260
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,777	11,399	2,241	4,837	46,404	83,658
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5,804,918

12 Gross receipts from related activities, etc. (see instructions) **12** 5,821,468

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	98.56%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00%

- 16a 33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Supplemental Information

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

The Organization also serves as a combining effort of the local United Ways in the State of Alabama. UWAL provides direct disaster response assistance in addition to managing the Governor's Emergency Relief Fund and the 2-1-1 Connects Alabama program, both of which provide assistance for disaster victims and handicapped people in the State of Alabama. UWAL also provides help for the homeless.

UWAL contracted with the Alabama Department of Human Resources to assist "work-eligible" SNAP recipients with employment and training services through the ARESET (Alabama Resources for Enrichment, Self-Sufficiency, and Employment Training) program.

UWAL has several grants that work with 2-1-1 to provide wrap-around services for clients with COVID-19 testing and quarantining in order to prevent the spread of COVID-19, support Navigators in federal and state market place partnerships to assist any clients that need or want marketplace insurance, and to provide referrals for any clients with school aged children who are enrolled in public school and are homeless or at the risk of becoming homeless. The United Ways of Alabama works to advance the common good in Alabama focusing on education, income and health - the building blocks for a good life.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: United Ways of Alabama; Employer identification number: 75-3165175

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Form for Part II Conservation Easements, including questions 1-8 and a table for 'Held at the End of the Tax Year'.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
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
2a 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

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e, Total

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, Lease Liability - Long term, Current Maturity of Lease Liability, Withheld State Income Tax, Retirement American Heritage, Employee IRA Withheld.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,353,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	104,726	
e	Add lines 2a through 2d		2e	104,726
3	Subtract line 2e from line 1		3	3,248,344
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,248,344

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

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

1	Total expenses and losses per audited financial statements		1	3,224,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	104,726	
e	Add lines 2a through 2d		2e	104,726
3	Subtract line 2e from line 1		3	3,120,010
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,120,010

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, Line 2b - Escrow Liability Arrangement Explanation

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

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

Part XIII Supplemental Information *(continued)*

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ 104,726

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

Form 990 Part VIII Line 8b - Direct Expenses Fundraising \$ 104,726

**SCHEDULE G
(Form 990)**

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

United Ways of Alabama

Employer identification number

75-3165175

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

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

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

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

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

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

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

.....
.....
.....
.....
.....

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

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

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

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

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

.....

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization <p>United Ways of Alabama</p>	Employer identification number <p>75-3165175</p>
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Form 990 - Organization's Mission

The mission of the United Ways of Alabama is to advance the interests of the programs of its member organizations by providing a vehicle for common effort. This effort may take the form of discussions, studies, recommendations or actions in problems of mutual interest.

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

UWAL continued its partnership with the Alabama Department of Public Health with the COVID-19 Wrap-around services initiative in 2023. This program is designed to provide individuals needing to quarantine to prevent the spread of the disease vital wrap-around services such as food, cleaning and personal care items. This program also allows for transportation to and from testing and vaccination sites. The 2-1-1 Connects Alabama network screened nearly 100,000 clients for eligibility in 2023. UWAL and its partner agencies provided services to more than 1,400 families through this program. Services included hoteling, food/groceries delivered, cleaning supplies and personal items which allowed individuals to quarantine for at least 5 days, helping to stop the spread of Covid-19. The program also helped remove any barriers for individuals who needed testing or a vaccine.

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

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

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

Schedule O (Form 990) 2023

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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Manufacturing Alabama Team Member Campaign.

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

UWAL manages and funds the telecommunication 2-1-1 information system in the State of Alabama. 2-1-1 provides information to the citizens of the State of Alabama about services offered by local organizations. 2-1-1 partners with state wide initiatives such as the Alabama Compulsive Gambling Hotline, AlaVETNET, and serves as the State of Alabama's point of entry for non emergency calls during times of disaster. 2-1-1 can be accessed via the phone, chat via the web, SMS via text message and at its website. 2-1-1 Connects Alabama is the main program of United Ways of Alabama (UWAL) outside the Alabama State Employee Combined Chartitable

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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Campaign and the Hyundai Team Member Combined Campaign. UWAL partners with call centers around the state to provide the 2-1-1 service to 100% of Alabama's residents. Currently, UWAL provides all of statewide services for 2-1-1 including the cloud based communication system, toll free service and cost incurred by, as well as provides the Information and Referral software necessary to provide the information and referral service. UWAL staff is the staff that is directly responsible for manning the 2-1-1 post at the Alabama Emergency Operations Center during times of disaster. UWAL's director is responsible for the 2-1-1 program statewide as UWAL has the responsibility of managing and executing it statewide by Alabama's Public Service Commission. 2-1-1 is an easy to remember, national abbreviated dialing code for free access to health and human service information and referral (I&R). In 2023, 2-1-1 answered nearly 160,000 calls, texts and chats representing 180,924 needs or problems partnered with solutions within our communities. The website, www.211connectsalabama.org had more than 138,000 unique visitors and over 500,000 searches and website views. 2-1-1 connectivity is now available in all Alabama counties to residents from all walks of life, but more importantly, to vulnerable populations such as the indigent or elderly, who often slip through the cracks. By making services easier to access, 2-1-1 empowers individuals with the information to get help - and to give help. 2-1-1 eliminates barriers and connects people to readily available services that can help. 2-1-1 responds immediately during times of community crisis, to field and direct callers to services, relieving the burden from 9-1-1 and other emergency response agencies. 2-1-1 not only is a conduit to get help, it also is a conduit to give help. Those wanting to volunteer can call 2-1-1 and be

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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matched directly or referred to a "Hands On" program. UWAL is constantly forming partnerships with many groups and State agencies such as: Governors Office of Volunteer Services to use 2-1-1 to prescreen potential applicants who may qualify for disaster case management; the Governor's ALAVETNET to remove barriers to access for our veterans; the Department of Public Health (various programs); and the Department of Human Resources with A-RESET Program. 2-1-1 has made referrals statewide helping people who were adversely affected by natural disasters. UWAL 2-1-1 has also partnered statewide with the homeless coalitions in the Point in Time Count (PiT). The PiT count is to document the number of homeless across Alabama. This count is an important factor in the HUD formula for Alabama's share of federal funding. UWAL is also a partner and supporter of VOAD (Voluntary Organizations Active in Disaster), a vital component to the state's NGO response to disasters (natural and man-made).

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

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

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The independent board members hold a separate meeting, at which the executive director is required to be absent, to discuss the salary of

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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executive director. Discussion is held as to the status of the organization and the accomplishments of the executive director. Also made is a comparison with similar positions at other non-profit organizations.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The independent board members decide the salaries of all key employees of the organization. The board discusses the value of the key employees to the organization and compare the salaries of similar positions at other comparable non-profit organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Folder is maintained with policies and financial statements at office for public inspection.

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

Description	Tot/Prog Service	Mgt & General	Fundraising
CMS Reimburse Hands	\$ 202,805	\$ 0	\$ 0
ASDOE Agency Payment	\$ 146,884	\$ 0	\$ 0
CMS Call Center Scree	\$ 104,707	\$ 0	\$ 0
GERF Disaster Respon	\$ 56,346	\$ 0	\$ 0
211 Night & Weekend	\$ 55,975	\$ 0	\$ 0

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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ADPH Direct Services	\$ 33,397	\$ 0	\$ 0
Camera/Card/Main. Agree	\$ 20,948	\$ 0	\$ 0
CMS Night & Weekend	\$ 14,470	\$ 0	\$ 0
211Software	\$ 12,800	\$ 0	\$ 0
211 Statewide Phone	\$ 10,159	\$ 0	\$ 0
SCC Campaign Materia	\$ 8,208	\$ 0	\$ 0
ADSOE Night and Week	\$ 8,068	\$ 0	\$ 0
CMS Statewide Phone	\$ 7,884	\$ 0	\$ 0
ARESET 2-1-1 Line Co	\$ 7,465	\$ 0	\$ 0
ADPH Night and Weeke	\$ 7,363	\$ 0	\$ 0
CMS 211/UWAL Other	\$ 6,900	\$ 0	\$ 0
ARESET Night and Wee	\$ 6,431	\$ 0	\$ 0
CMS EMS/PP	\$ 5,750	\$ 0	\$ 0
ARESET Software			

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

	\$ 5,184	\$ 0	\$ 0
CMS Software	\$ 4,722	\$ 0	\$ 0
CMS VisionLink 1x Co	\$ 4,417	\$ 0	\$ 0
ASDOE VisionLink 1x	\$ 4,333	\$ 0	\$ 0
ASDOE Statewide Phon	\$ 4,161	\$ 0	\$ 0
ADPH Statewide Phone	\$ 4,158	\$ 0	\$ 0
ADPH Software	\$ 3,404	\$ 0	\$ 0
211 Campaign Materia	\$ 3,000	\$ 0	\$ 0
Hyundai Campaign Mat	\$ 2,705	\$ 0	\$ 0
ASDOE Software	\$ 2,633	\$ 0	\$ 0
211 Counts	\$ 2,500	\$ 0	\$ 0
SCC Software	\$ 1,971	\$ 0	\$ 0
ARESET Expenses	\$ 1,886	\$ 0	\$ 0
211 Translation Serv	\$ 1,645	\$ 0	\$ 0

Name of the organization United Ways of Alabama	Employer identification number 75-3165175
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SCC Computers, Etc.	\$ 1,338	\$ 0	\$ 0
SCC Computer Hosting	\$ 1,247	\$ 0	\$ 0
ADPH Computer Hostin	\$ 1,229	\$ 0	\$ 0
ARESET Computer Host	\$ 1,219	\$ 0	\$ 0
CMS Computer	\$ 1,202	\$ 0	\$ 0
UWAL COS Membership	\$ 0	\$ 1,000	\$ 0
ARESET VisionLink 1x	\$ 951	\$ 0	\$ 0
SCC Copier	\$ 919	\$ 0	\$ 0
ARESET Copier	\$ 828	\$ 0	\$ 0
ADPH Copier	\$ 795	\$ 0	\$ 0
UWAL Software	\$ 0	\$ 752	\$ 0
SCC Postage	\$ 629	\$ 0	\$ 0
ADPH Direct Program	\$ 588	\$ 0	\$ 0
ADPH Telephone			

Name of the organization		Employer identification number	
United Ways of Alabama		75-3165175	
\$	554	\$	0
SCC Telephone			
\$	535	\$	0
ARESET Translation S			
\$	510	\$	0
MASCC Software			
\$	432	\$	0
SCC Website			
\$	424	\$	0
CMS Translation Serv			
\$	395	\$	0
Hyundai Office Expen			
\$	386	\$	0
MASCC Computer Hosti			
\$	371	\$	0
ADPH Translation Ser			
\$	364	\$	0
ARESET Telephone			
\$	356	\$	0
CMS Copier			
\$	336	\$	0
ADPH VisionLink 1xCo			
\$	308	\$	0
UWAL Copier			
\$	0	\$	304
ADPH Office Expense			
\$	303	\$	0

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

CMS Computer Hosting	\$ 298	\$ 0	\$ 0
211 Copier	\$ 291	\$ 0	\$ 0
ARESET Office Suppli	\$ 289	\$ 0	\$ 0
Special Disaster	\$ 282	\$ 0	\$ 0
ARESET Computers, et	\$ 278	\$ 0	\$ 0
UWAL Office Expense	\$ 0	\$ 276	\$ 0
UWAL Computers, Etc.	\$ 0	\$ 276	\$ 0
MASCC Computers, Etc	\$ 270	\$ 0	\$ 0
ASDOE Translation Se	\$ 259	\$ 0	\$ 0
UWAL Computer Hostin	\$ 0	\$ 250	\$ 0
211 Computer Hosting	\$ 249	\$ 0	\$ 0
SCC Office Expense	\$ 235	\$ 0	\$ 0
SCC Internet Service	\$ 225	\$ 0	\$ 0
ARESET Internet			

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

	\$	216	\$	0	\$	0
ADPH Computers	\$	211	\$	0	\$	0
ADPH Internet Servic	\$	209	\$	0	\$	0
ADPH Website	\$	203	\$	0	\$	0
ARESET Website	\$	199	\$	0	\$	0
211 Website	\$	193	\$	0	\$	0
CMS Office Expense	\$	136	\$	0	\$	0
SCC Paypal Fees	\$	133	\$	0	\$	0
UWAL Website	\$	0	\$	114	\$	0
Bank Fees-GERF	\$	108	\$	0	\$	0
MASCC Telephone	\$	105	\$	0	\$	0
UWAL Internet Servic	\$	0	\$	101	\$	0
CMS Website	\$	95	\$	0	\$	0
CMS Telephone	\$	93	\$	0	\$	0

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

Taxes- Payroll	\$ 91	\$ 0	\$ 0
211 Telephone	\$ 86	\$ 0	\$ 0
CMS Internet Service	\$ 83	\$ 0	\$ 0
ASDOE Copier	\$ 82	\$ 0	\$ 0
UWAL Telephone	\$ 0	\$ 80	\$ 0
Copier	\$ 78	\$ 0	\$ 0
211 Internet service	\$ 77	\$ 0	\$ 0
ASDOE Computer Hosti	\$ 73	\$ 0	\$ 0
GERF Computer Hostin	\$ 73	\$ 0	\$ 0
Office Expense	\$ 70	\$ 0	\$ 0
GERF Software	\$ 63	\$ 0	\$ 0
GERF Website	\$ 56	\$ 0	\$ 0
211 Disaster Respons	\$ 50	\$ 0	\$ 0
211 Office Expense			

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

	\$	42	\$	0	\$	0
Website	\$	33	\$	0	\$	0
ARESET Postage	\$	29	\$	0	\$	0
ASDOE Website	\$	28	\$	0	\$	0
ADPH Postage	\$	27	\$	0	\$	0
ASDOE Office Expense	\$	26	\$	0	\$	0
ASDOE Internet Servi	\$	23	\$	0	\$	0
ASDOE Computers	\$	23	\$	0	\$	0
MASCC Internet Servi	\$	20	\$	0	\$	0
Internet Services	\$	19	\$	0	\$	0
211 Postage	\$	18	\$	0	\$	0
Copier - GERF	\$	17	\$	0	\$	0
GERF Telephone	\$	16	\$	0	\$	0
ASDOE Postage	\$	13	\$	0	\$	0

Name of the organization	Employer identification number
United Ways of Alabama	75-3165175

Postage	\$ 13	\$ 0	\$ 0
UWAL Postage	\$ 0	\$ 11	\$ 0
CMS Postage	\$ 10	\$ 0	\$ 0
GERF Internet Servic	\$ 7	\$ 0	\$ 0
ASDOE Telephone	\$ 4	\$ 0	\$ 0
GERF Office Expense	\$ 2	\$ 0	\$ 0
Total	\$ 785,327	\$ 3,164	\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation			
Form 990 Part VIII Line 8b - Direct Expenses Fundraising	\$	104,726	
Form 990 Part VIII Line 8b - Direct Expenses Fundraising	\$	-104,726	

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

United Ways of Alabama

Identifying number
75-3165175

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	50
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

DAA

17138 United Ways of Alabama

75-3165175

FYE: 12/31/2023

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
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There are no assets that meet the criteria of this report

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

United Ways of Alabama

75-3165175

			2022	2023	Differences	
R e v e n u e	1.	Contributions, gifts, grants	16,286	57,733	41,447	
	2.	Membership dues and assessments	30,146	29,435	-711	
	3.	Government contributions and grants	2,298,186	1,836,405	-461,781	
	4.	Program service revenue	949,006	1,234,609	285,603	
	5.	Investment income	4,837	46,404	41,567	
	6.	Proceeds from tax exempt bonds				
	7.	Net gain or (loss) from sale of assets other than inventory				
	8.	Net income or (loss) from fundraising events	196,705	43,758	-152,947	
	9.	Net income or (loss) from gaming				
	10.	Net gain or (loss) on sales of inventory				
	11.	Other revenue				
		12. Total revenue. Add lines 1 through 11		3,495,166	3,248,344	-246,822
E x p e n s e s	13.	Grants and similar amounts paid				
	14.	Benefits paid to or for members				
	15.	Compensation of officers, directors, trustees, etc.	77,374	91,500	14,126	
	16.	Salaries, other compensation, and employee benefits	172,078	183,142	11,064	
	17.	Professional fundraising fees				
	18.	Other professional fees	19,500	38,000	18,500	
	19.	Occupancy, rent, utilities, and maintenance	15,483	15,277	-206	
	20.	Depreciation and Depletion	189	50	-139	
	21.	Other expenses	3,150,581	2,792,041	-358,540	
		22. Total expenses. Add lines 13 through 21		3,435,205	3,120,010	-315,195
		23. Excess or (Deficit). Subtract line 22 from line 12		59,961	128,334	68,373
O t h e r I n f o r m a t i o n	24.	Total exempt revenue	3,495,166	3,248,344	-246,822	
	25.	Total unrelated revenue				
	26.	Total excludable revenue	953,843	1,281,013	327,170	
	27.	Total assets	2,815,599	2,974,809	159,210	
	28.	Total liabilities	771,629	802,505	30,876	
	29.	Retained earnings	2,043,970	2,172,304	128,334	
	30.	Number of voting members of governing body	22	22		
	31.	Number of independent voting members of governing body	22	22		
32.	Number of employees	8	6			
33.	Number of volunteers					

Form 990	Tax Return History	2023
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Name United Ways of Alabama	Employer Identification Number 75-3165175
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	508,939	285,976	563,162	2,314,472	1,894,138	
Membership dues	31,940	31,745	31,307	30,146	29,435	
Program service revenue	522,018	1,254,784	923,034	949,006	1,234,609	
Capital gain or loss						
Investment income	18,777	11,399	2,241	4,837	46,404	
Fundraising revenue (income/loss)	127,787	48,127	105,850	196,705	43,758	
Gaming revenue (income/loss)						
Other revenue	2,652	3				
Total revenue	1,212,113	1,632,034	1,625,594	3,495,166	3,248,344	
Grants and similar amounts paid	8,500	315,974				
Benefits paid to or for members						
Compensation of officers, etc.	64,834	76,500	81,844	77,374	91,500	
Other compensation	102,574	123,833	136,750	172,078	183,142	
Professional fees	9,750	11,000	13,503	19,500	38,000	
Occupancy costs	15,484	15,484	15,484	15,483	15,277	
Depreciation and depletion	239	239	237	189	50	
Other expenses	431,330	858,821	1,496,757	3,150,581	2,792,041	
Total expenses	632,711	1,401,851	1,744,575	3,435,205	3,120,010	
Excess or (Deficit)	579,402	230,183	-118,981	59,961	128,334	
Total exempt revenue	1,212,113	1,632,034	1,625,594	3,495,166	3,248,344	
Total unrelated revenue						
Total excludable revenue	543,447	1,266,186	925,275	953,843	1,281,013	
Total Assets	2,149,969	2,494,844	2,675,347	2,815,599	2,974,809	
Total Liabilities	277,162	391,854	691,338	771,629	802,505	
Net Fund Balances	1,872,807	2,102,990	1,984,009	2,043,970	2,172,304	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income - Hyundai	\$ 89					
GERF Interest Income	20,218					
Interest Income - General	294					
Special Disaster Investm	4,149					
GERF Investment Interes	12,315					
Investment Interest - General	6,647					
Interst Income - Special Disa	35					
Special Disaster Unrealized (445					
GERF - Unrealized (Gains)/Los	1,919					
Unrealized (Gains)/Losses - G	293					
Total	<u>\$ 46,404</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CMS Reimburse Hands	\$ 202,805	\$ 202,805	\$	\$
ASDOE Agency Payment	146,884	146,884		
CMS Call Center Scre	104,707	104,707		
GERF Disaster Respon	56,346	56,346		
211 Night & Weekend	55,975	55,975		
ADPH Direct Services	33,397	33,397		
Camera/Card/Main. Agree	20,948	20,948		
CMS Night & Weekend	14,470	14,470		
211Software	12,800	12,800		
211 Statewide Phone	10,159	10,159		
SCC Campaign Materia	8,208	8,208		
ADSOE Night and Week	8,068	8,068		
CMS Statewide Phone	7,884	7,884		
ARESET 2-1-1 Line Co	7,465	7,465		
ADPH Night and Weeke	7,363	7,363		
CMS 211/UWAL Other	6,900	6,900		
ARESET Night and Wee	6,431	6,431		
CMS EMS/PP	5,750	5,750		
ARESET Software	5,184	5,184		
CMS Software	4,722	4,722		
CMS VisionLink 1x Co	4,417	4,417		
ASDOE VisionLink 1x	4,333	4,333		
ASDOE Statewide Phon	4,161	4,161		
ADPH Statewide Phone	4,158	4,158		
ADPH Software	3,404	3,404		
211 Campaign Materia	3,000	3,000		
Hyundai Campaign Mat	2,705	2,705		
ASDOE Software	2,633	2,633		
211 Counts	2,500	2,500		
SCC Software	1,971	1,971		
ARESET Expenses	1,886	1,886		
211 Translation Serv	1,645	1,645		
SCC Computers, Etc.	1,338	1,338		
SCC Computer Hosting	1,247	1,247		
ADPH Computer Hostin	1,229	1,229		
ARESET Computer Host	1,219	1,219		
CMS Computer	1,202	1,202		

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
UWAL COS Membership	\$ 1,000	\$	\$ 1,000	\$
ARESET VisionLink 1x	951	951		
SCC Copier	919	919		
ARESET Copier	828	828		
ADPH Copier	795	795		
UWAL Software	752		752	
SCC Postage	629	629		
ADPH Direct Program	588	588		
ADPH Telephone	554	554		
SCC Telephone	535	535		
ARESET Translation S	510	510		
MASCC Software	432	432		
SCC Website	424	424		
CMS Translation Serv	395	395		
Hyundai Office Expen	386	386		
MASCC Computer Hosti	371	371		
ADPH Translation Ser	364	364		
ARESET Telephone	356	356		
CMS Copier	336	336		
ADPH VisionLink 1xCo	308	308		
UWAL Copier	304		304	
ADPH Office Expense	303	303		
CMS Computer Hosting	298	298		
211 Copier	291	291		
ARESET Office Suppli	289	289		
Special Disaster	282	282		
ARESET Computers, et	278	278		
UWAL Office Expense	276		276	
UWAL Computers, Etc.	276		276	
MASCC Computers, Etc	270	270		
ASDOE Translation Se	259	259		
UWAL Computer Hostin	250		250	
211 Computer Hosting	249	249		
SCC Office Expense	235	235		
SCC Internet Service	225	225		
ARESET Internet	216	216		
ADPH Computers	211	211		

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ADPH Internet Servic	\$ 209	\$ 209	\$	\$
ADPH Website	203	203		
ARESET Website	199	199		
211 Website	193	193		
CMS Office Expense	136	136		
SCC Paypal Fees	133	133		
UWAL Website	114		114	
Bank Fees-GERF	108	108		
MASCC Telephone	105	105		
UWAL Internet Servic	101		101	
CMS Website	95	95		
CMS Telephone	93	93		
Taxes- Payroll	91	91		
211 Telephone	86	86		
CMS Internet Service	83	83		
ASDOE Copier	82	82		
UWAL Telephone	80		80	
Copier	78	78		
211 Internet service	77	77		
ASDOE Computer Hosti	73	73		
GERF Computer Hostin	73	73		
Office Expense	70	70		
GERF Software	63	63		
GERF Website	56	56		
211 Disaster Respons	50	50		
211 Office Expense	42	42		
Website	33	33		
ARESET Postage	29	29		
ASDOE Website	28	28		
ADPH Postage	27	27		
ASDOE Office Expense	26	26		
ASDOE Internet Servi	23	23		
ASDOE Computers	23	23		
MASCC Internet Servi	20	20		
Internet Services	19	19		
211 Postage	18	18		
Copier - GERF	17	17		

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
GERF Telephone	\$ 16	\$ 16	\$	\$
ASDOE Postage	13	13		
Postage	13	13		
UWAL Postage	11		11	
CMS Postage	10	10		
GERF Internet Servic	7	7		
ASDOE Telephone	4	4		
GERF Office Expense	2	2		
Total	<u>\$ 788,491</u>	<u>\$ 785,327</u>	<u>\$ 3,164</u>	<u>\$ 0</u>

17138 United Ways of Alabama
75-3165175
FYE: 12/31/2023

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CFC Income	\$ 807
SCC Income	3,405
Dues	29,435
ASDOE Grant Income	218,550
ADPH Grant Income	799,390
CMS Grant Income	720,865
CMSD Site Reimbursement	97,600
Donation to UWAL	5,228
Hyundai Campaign Income	3,153
Other Income	118
Bo Bikes Bama	
Cash Contribution	35,750
Bradley Woodridge	9,272
Total	<u>\$ 1,923,573</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Great Southern Wood Preserving	\$ 20,000	\$
Zwift	5,000	
Hargrove Foundation	20,000	
Wind Creek Casino and Hotel	7,000	
Jan Fridichsen	5,000	
William Sullivan	10,000	
Rick Kuester	5,000	
Betsy Fester	7,400	
Bradley Woolridge	16,772	
Anna F Buckner, LLC	7,950	
Sullivan Family Trust	5,000	
Blue Cross/Blue Shield	5,000	
Yellowood	10,000	
Total	\$ <u>124,122</u>	\$ <u>0</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
GOFBCI Accounting Fees	\$ 2,286
211 Counts	2,467
ARESET Fee Income	45,849
State Combined Campaign	99,209
211 Dues Income	146,021
ARESET Income	929,677
211 Grants	5,100
Hyundai Campaign Fees	4,000
Interest Income - Hyundai	89
GERF Interest Income	20,218
Interest Income - General	294
Special Disaster Investm	4,149
GERF Investment Interes	12,315
Investment Interest - General	6,647
Interst Income - Special Disa	35
Special Disaster Unrealized (445
GERF - Unrealized (Gains)/Los	1,919
Unrealized (Gains)/Losses - G	293
Bo Bikes Bama	148,485
Total	<u>\$ 1,429,498</u>

Federal Statements

Bo Bikes Bama

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies	\$ 35,640
Shipping Charges	21,022
Photographer	2,717
Total	<u>\$ 59,379</u>