

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>UNITED WAY OF SOUTHWEST ALABAMA, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>POST OFFICE DRAWER 89</b> City or town, state or country, and ZIP + 4 <b>MOBILE, AL 36601</b> <b>F Name and address of principal officer: LARRY DAVIS</b> <b>218 SAINT FRANCIS ST, MOBILE, AL 36602</b>	<b>D Employer identification number</b> <b>63-0351568</b> <b>E Telephone number</b> <b>(251) 431-0116</b> <b>G Gross receipts \$</b> <b>5,112,526.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.USWSWA.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1926</b>
<b>M State of legal domicile:</b> <b>AL</b>		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE FUNDING TO VARIOUS HEALTH AND HUMAN SERVICE ORGANIZATIONS IN SOUTHWEST ALABAMA.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>55</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>53</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	<b>15</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1550</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>5,460,720.</b>	<b>Current Year</b> <b>4,588,894.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>0.</b>	<b>0.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>53,810.</b>	<b>40,436.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>323,395.</b>	<b>284,212.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>5,837,925.</b>	<b>4,913,542.</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>3,439,495.</b>	<b>3,033,893.</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>767,966.</b>	<b>727,541.</b>
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>633,729.</b>		
		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>667,860.</b>	<b>593,525.</b>
		<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>4,875,321.</b>	<b>4,354,959.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>962,604.</b>	<b>558,583.</b>	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>5,804,544.</b>	<b>End of Year</b> <b>5,705,772.</b>
<b>21</b> Total liabilities (Part X, line 26) .....		<b>923,762.</b>	<b>912,390.</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....		<b>4,880,782.</b>	<b>4,793,382.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>LARRY DAVIS, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GLENN W. BROWN, III</b>	Preparer's signature	Date Check if self-employed <input type="checkbox"/> PTIN <b>P00510188</b>
	Firm's name ▶ <b>RUSSELL THOMPSON BUTLER &amp; HOUSTON</b> Firm's address ▶ <b>P O BOX 70106</b> <b>MOBILE, AL 36670</b>	Firm's EIN ▶ <b>63-0965059</b>	Phone no. <b>(251) 473-5550</b>

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE FUNDING TO VARIOUS HEALTH AND HUMAN SERVICE ORGANIZATIONS IN SOUTHWEST ALABAMA. THE ORGANIZATION IS VOLUNTEER FOCUSED AND IS AFFILIATED WITH THE UNITED WAY WORLDWIDE AND IS SUBJECT TO ITS MEMBERSHIP REQUIREMENTS AND STANDARDS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,684,029. including grants of \$ ) (Revenue \$ ) ALLOCATIONS TO VARIOUS HEALTH AND HUMAN SERVICE ORGANIZATIONS

4b (Code: ) (Expenses \$ 127,504. including grants of \$ 143,448. ) (Revenue \$ ) PROJECT SAFE NEIGHBORHOOD IS A COMMITMENT TO REDUCE GUN AND GANG CRIME BY NETWORKING EXISTING LOCAL PROGRAMS THAT TARGET GUN AND GUN CRIME AND PROVIDING THESE PROGRAMS WITH ADDITIONAL TOOLS NECESSARY TO BE SUCCESSFUL.

4c (Code: ) (Expenses \$ 68,360. including grants of \$ 57,110. ) (Revenue \$ ) PROJECT 2-1-1 IS A HEALTH AND HUMAN SERVICE HOTLINE AND ALSO PROVIDES EMERGENCY ASSISTANCE SUPPORT COVERING ALL PHASES OF AN EMERGENCY INCLUDING PREVENTION, PLANNING, RESPONSE AND RECOVERY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 468,217. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,348,110.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 4		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 15		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	



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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 55 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 53		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **LARRY DAVIS - 251-431-0116**  
**POST OFFICE DRAWER 89, MOBILE, AL 36601**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JOSEPH F. BUSTA, JR. CHAIR	5.00	X					0.	0.	0.	
(2) JOEL T. DAVES, IV VICE-CHAIR	5.00	X					0.	0.	0.	
(3) MELISSA C. BEARD SECRETARY	5.00	X					0.	0.	0.	
(4) WILLIAM B. SISSON TREASURER	5.00	X					0.	0.	0.	
(5) TERRY H. HARBIN IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
(6) DR. ULRICH ALBRECHT-FRUEH TRUSTEE	2.00	X					0.	0.	0.	
(7) GIGI ARMBRECHT TRUSTEE	2.00	X					0.	0.	0.	
(8) G. ROBERT BAKER, JR. TRUSTEE	2.00	X					0.	0.	0.	
(9) JEROME CARTER TRUSTEE	2.00	X					0.	0.	0.	
(10) CELIA COLLINS TRUSTEE	2.00	X					0.	0.	0.	
(11) CHARLES R. DIARD, JR. TRUSTEE	2.00	X					0.	0.	0.	
(12) GERALD R. DRISKELL TRUSTEE	2.00	X					0.	0.	0.	
(13) ELIZABETH D. FREEMAN TRUSTEE	2.00	X					0.	0.	0.	
(14) CAROLYN GOLSON TRUSTEE	2.00	X					0.	0.	0.	
(15) CHARLES E. HARMON, JR. TRUSTEE	2.00	X					0.	0.	0.	
(16) CEDRIC J. HATCHER TRUSTEE	2.00	X					0.	0.	0.	
(17) BRIAN JORDAN TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALLEN H. LADD TRUSTEE	2.00	X						0.	0.	0.
(19) MATTHEW MOSTELLER TREASURER	2.00	X						0.	0.	0.
(20) JAMES K. LYONS TRUSTEE	2.00	X						0.	0.	0.
(21) MICHAEL MARSHALL TRUSTEE	2.00	X						0.	0.	0.
(22) LABARRON MCCLENDON TRUSTEE	2.00	X						0.	0.	0.
(23) HENRY F. O'CONNOR, III TRUSTEE	2.00	X						0.	0.	0.
(24) EDWARD H. O'GWYNN, III TRUSTEE	2.00	X						0.	0.	0.
(25) RICHARD E. PERRY TREASURER	2.00	X						0.	0.	0.
(26) R. MICHAEL SAXON TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								91,796.	0.	6,490.
<b>d Total (add lines 1b and 1c)</b> .....								91,796.	0.	6,490.

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

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM R. SEIFERT, II TRUSTEE	2.00	X						0.	0.	0.
(28) GEORGE WATSON TRUSTEE	2.00	X						0.	0.	0.
(29) KEN BROWN EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(30) BETH MORRISSETTE EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(31) KATY SULLIVAN EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(32) REV. JIM DUFRIEND EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(33) LARRY W. FINCHER EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(34) FRANK HARKINS EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(35) CARL P. SIMPSON EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(36) ROSE M. JOHNSON EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(37) RICK LAMBERT EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(38) KAY MASHBURN EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(39) MARTY PARKER EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(40) SYDNEY G. RAINE EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(41) MEL ANN SULLIVAN EX-OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(42) ROBERT J. WILLIAMS EMERITUS TRUSTEES	2.00	X						0.	0.	0.
(43) SARAH L. DAMSON EMERITUS TRUSTEES	2.00	X						0.	0.	0.
(44) O. H. DELCHAMPS, JR EMERITUS TRUSTEES	2.00	X						0.	0.	0.
(45) GERALD A. FRIEDLANDER EMERITUS TRUSTEES	2.00	X						0.	0.	0.
(46) TOM HINDS EMERITUS TRUSTEES	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) G. RUSSELL LADD, III <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(48) RONALD B. MELTON <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(49) CHARLES NICHOLSON <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(50) DANNY PRICE <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(51) JAMES T. ROBSON <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(52) DORIS CLAIRE STEIN <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(53) DR. WILLIAM K. WEAVER <u>EMERITUS TRUSTEES</u>	2.00	X					0.	0.	0.	
(54) ANGELO MILLER <u>EXECUTIVE DIRECTOR</u>	40.00			X			50,123.	0.	2,776.	
(55) ALAN H. TURNER, II <u>PRESIDENT &amp; CHIEF EXECUTIVE OFFICER</u>	40.00			X			41,673.	0.	3,714.	
<b>Total to Part VII, Section A, line 1c</b>							<b>91,796.</b>		<b>6,490.</b>	

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 4,274,965.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 26,760.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 170,558.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 116,611.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		4,588,894.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		22,591.			22,591.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		203,443.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		185,598.					
	<b>c</b> Gain or (loss) .....	17,845.					
	<b>d</b> Net gain or (loss) .....		17,845.	17,845.			
	<b>8 a</b> Gross income from fundraising events (not including \$ 26,760. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 0.					
		<b>b</b> Less: direct expenses .....	13,386.				
		<b>c</b> Net income or (loss) from fundraising events .....		-13,386.			-13,386.
		<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <u>SERVICE FEE REVENUE</u> .....	900099	256,198.	256,198.				
<b>b</b> <u>DONATIONS OF SERVICES</u> .....	900099	21,700.	21,700.				
<b>c</b> <u>ADMINISTRATIVE REVENUE</u> .....	900099	19,700.	19,700.				
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		297,598.					
<b>12 Total revenue.</b> See instructions. ....		4,913,542.	315,443.	0.	9,205.		

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,033,893.	3,033,893.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,287.	21,928.	32,130.	44,229.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	465,760.	103,911.	152,257.	209,592.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	122,175.	27,257.	39,939.	54,979.
10 Payroll taxes	41,319.	9,218.	13,507.	18,594.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,936.	6,233.	9,132.	12,571.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,191.	1,381.	2,024.	2,786.
13 Office expenses	16,651.	3,715.	5,443.	7,493.
14 Information technology				
15 Royalties				
16 Occupancy	47,851.	10,676.	15,642.	21,533.
17 Travel	13,777.	3,073.	4,504.	6,200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,211.	1,163.	1,703.	2,345.
20 Interest				
21 Payments to affiliates	46,289.		46,289.	
22 Depreciation, depletion, and amortization	19,816.	4,421.	6,478.	8,917.
23 Insurance	12,785.	2,852.	4,180.	5,753.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACT SERVICES &amp; LAB</b>	269,398.	67,710.	3,369.	198,319.
b <b>PRINTING AND POSTAGE</b>	31,430.	7,012.	10,274.	14,144.
c <b>AGENCY RELATIONS</b>	29,279.	25,752.		3,527.
d <b>SPECIAL EVENTS</b>	16,360.	6,636.	9,724.	
e All other expenses	50,551.	11,279.	16,525.	22,747.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,354,959.</b>	<b>3,348,110.</b>	<b>373,120.</b>	<b>633,729.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	958,665.	<b>1</b>	931,272.
	<b>2</b> Savings and temporary cash investments .....	284,569.	<b>2</b>	301,670.
	<b>3</b> Pledges and grants receivable, net .....	3,374,006.	<b>3</b>	3,337,677.
	<b>4</b> Accounts receivable, net .....	43,460.	<b>4</b>	39,339.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			
			<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....			
			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			
			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			
			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	16,496.	<b>9</b>	11,348.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 730,065.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 539,077.	208,470.	<b>10c</b> 190,988.
	<b>11</b> Investments - publicly traded securities .....	918,878.	<b>11</b>	893,478.
<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
<b>14</b> Intangible assets .....		<b>14</b>		
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,804,544.	<b>16</b>	5,705,772.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	36,930.	<b>17</b>	11,851.
	<b>18</b> Grants payable .....	872,864.	<b>18</b>	886,354.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			
			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,968.	<b>25</b>	14,185.
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	923,762.	<b>26</b>	912,390.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,237,705.	<b>27</b>	1,326,049.
	<b>28</b> Temporarily restricted net assets .....	3,583,077.	<b>28</b>	3,407,333.
	<b>29</b> Permanently restricted net assets .....	60,000.	<b>29</b>	60,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,880,782.	<b>33</b>	4,793,382.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,804,544.	<b>34</b>	5,705,772.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,913,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,354,959.
3	Revenue less expenses. Subtract line 2 from line 1	3	558,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,880,782.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-645,983.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,793,382.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	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 in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6066447.	5557150.	4560170.	4615708.	3866036.	24665511.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6066447.	5557150.	4560170.	4615708.	3866036.	24665511.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						24665511.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	6066447.	5557150.	4560170.	4615708.	3866036.	24665511.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	104,895.	46,467.	35,597.	30,468.	22,591.	240,018.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	363,261.	381,648.	429,765.	332,714.	237,030.	1744418.
<b>11 Total support.</b> Add lines 7 through 10						26649947.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.55	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	92.90	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

**UNITED WAY OF SOUTHWEST ALABAMA, INC.**

**63-0351568**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALABAMA POWER FOUNDATIONS P. O. BOX 2247 MOBILE, AL 36652	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**UNITED WAY OF SOUTHWEST ALABAMA, INC.**

**63-0351568**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**UNITED WAY OF SOUTHWEST ALABAMA, INC.**

Employer identification number

**63-0351568**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	918,878.	940,657.	852,070.	1,139,099.	
b Contributions					
c Net investment earnings, gains, and losses	-17,395.	94,127.	88,587.	-287,029.	
d Grants or scholarships					
e Other expenditures for facilities and programs		105,676.			
f Administrative expenses	8,005.	10,230.			
g End of year balance	893,478.	918,878.	940,657.	852,070.	

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

- a Board designated or quasi-endowment  93.00 %
- b Permanent endowment  7.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	49,017.			49,017.
b Buildings	422,434.		297,559.	124,875.
c Leasehold improvements				
d Equipment	174,736.		157,640.	17,096.
e Other	83,878.		83,878.	0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  190,988.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WASHINGTON COUNTY DENTAL PROGRAM	
(3) PAYABLE	14,185.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	14,185.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,913,542.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,354,959.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	558,583.
4	Net unrealized gains (losses) on investments	-55,265.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-590,718.
9	Total adjustments (net). Add lines 4 through 8	-645,983.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-87,400.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	4,280,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-55,265.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	13,386.
e	Add lines 2a through 2d	-41,879.
3	Subtract line 2e from line 1	4,322,824.
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	
b	Other (Describe in Part XIV.)	590,718.
c	Add lines 4a and 4b	590,718.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4,913,542.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	4,368,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	13,386.
e	Add lines 2a through 2d	13,386.
3	Subtract line 2e from line 1	4,354,959.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4,354,959.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION IMPLEMENTED THE ACCOUNTING**

**REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER**

**Part XIV Supplemental Information** (continued)

31, 2011, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2008.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS -590,718.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH INCOME 13,386.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS RECEIVED THAT ARE SPECIFICALLY DESIGNATED FOR A PARTICULAR AGENCY 590,718.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH INCOME 13,386.

PART X, LINE 2 - THE ORGAZANIATION IMPLEMENTED THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSTIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2010, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW

**Part XIV** Supplemental Information *(continued)*

EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE  
INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2008.

Lined area for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CAMPAIGN KICK OFF (event type)	CYCLE UNITED (event type)	3 (total number)		
Revenue	1	Gross receipts	11,015.	8,174.	7,571.	26,760.
	2	Less: Charitable contributions	11,015.	8,174.	7,571.	26,760.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		13,386.		13,386.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 13,386 )
	11	Net income summary. Combine line 3, column (d), and line 10				-13,386.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, ALABAMA GULF COAST CHAPTER - P. O. BOX 1764 - MOBILE, AL 36601	63-0288803	501(C)(3)	126,500.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
BOY SCOUTS OF AMERICA, MOBILE AREA COUNCIL - 2587 GOVERNMENT BLVD. - MOBILE, AL 36606	63-0288817	501(C)(3)	57,350.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
BOYS AND GIRLS CLUB OF SOUTH ALABAMA - 1509-D PLAZA DR. - MOBILE, AL 36660	63-0414826	501(C)(3)	190,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
CATHOLIC SOCIAL SERVICES 400 GOVERNMENT ST. MOBILE, AL 36601	63-0627699	501(C)(3)	54,300.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
CHILD DAY CARE ASSOCIATION 209 S. WASHINGTON MOBILE, AL 36602	63-0302117	501(C)(3)	75,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
BAY AREA FOOD BANK P. O. BOX 7762 MOBILE, AL 36607	63-0821997	501(C)(3)	69,600.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEARBORN YMCA 321 N. WARREN ST. MOBILE, AL 36603	63-0302188	501(C)(3)	100,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
DRUG EDUCATION COUNCIL 954 GOVERNMENT ST. MOBILE, AL 36604	63-0572302	501(C)(3)	47,010.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
DUMAS WESLEY COMMUNITY CENTER 126 MOBILE ST. MOBILE, AL 36607	63-0312909	501(C)(3)	106,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
EMMA'S HARVEST HOME 772 SULLIVAN AVE MOBILE, AL 36606	30-0008863	501(C)(3)	20,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
EPILEPSY FOUNDATION OF SOUTH ALABAMA - 9541 GOVERNMENT ST. - MOBILE, AL 36604	63-0718795	501(C)(3)	20,310.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
LIFELINES FAMILY COUNSELING CENTER 705 OAK CIRCLE DR. E. MOBILE, AL 36604	63-0388685	501(C)(3)	223,300.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
GIRL SCOUTS OF SOUTHERN ALABAMA 3483 SPRING HILL AVE. MOBILE, AL 36609	63-0421430	501(C)(3)	85,500.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
GOODWILL EASTER SEALS OF THE GULF COAST - 2448 GORDON SMITH DR. - MOBILE, AL 36607	63-0363972	501(C)(3)	124,900.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
HOME OF GRACE FOR WOMEN 394 ADLOCK RD. EIGHT MILE, AL 36613	51-0198236	501(C)(3)	121,300.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING FIRST D/B/A HOMELESS COALITION - 15 N. JOACHIM ST. - MOBILE, AL 36602	63-1178693	501(C)(3)	20,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
ALPHA PREGNANCY TESTING CENTER, SAV-A-LIFE - 600 CARROL ST. - JACKSON, AL 36545	63-1072822	501(C)(3)	8,300.	0.			COMMUNITY ALLOCATION TO AGENCY (CLARKE COUNTY)
COURT APPOINTED SPECIAL ADVOCATE 900 WESTERN AMERICA CIRCLE SUITE 21 MOBILE, AL 36602	72-1362414	501(C)(3)	10,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
MOBILE ASSOCIATION FOR RETARDED CITIZENS - 2424 GORDON SMITH DR. - MOBILE, AL 36607	63-0421791	501(C)(3)	110,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
MULHERIN CUSTODIAL HOME 2496 HALLS MILL RD. MOBILE, AL 36601	63-0388323	501(C)(3)	80,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
PENELOPE HOUSE P. O. BOX 9127 MOBILE, AL 36691	63-0763198	501(C)(3)	82,500.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
PRESCHOOL FOR THE SENSORY IMPAIRED 1050 GOVERNMENT ST. MOBILE, AL 36606	63-0588791	501(C)(3)	94,700.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
REGIONAL CHILD ADVOCACY CENTER P. O. BOX 841 GROVE HILL, AL 36451	63-1162511	501(C)(3)	11,400.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
SALVATION ARMY OF COASTAL ALABAMA 1009 DAUPHIN ST. MOBILE, AL 36601	58-0660607	501(C)(3)	105,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS SERVICES/VIA! 1717 DAUPHIN ST. MOBILE, AL 36604	63-0590039	501(C)(3)	75,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
BOYS AND GIRLS CLUB OF SOUTHWEST ALABAMA - 149 ADAMS AVE - THOMASVILLE, AL 36784	72-1363534	501(C)(3)	5,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
ST. MARY'S HOME 4350 MOFFAT RD. MOBILE, AL 36618	63-1236789	501(C)(3)	224,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
UNITED CEREBRAL PALSY 193 LYONS PARK AVE. MOBILE, AL 36601	63-0340302	501(C)(3)	137,300.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY. MOBILE, AL 36609	63-1260841	501(C)(3)	95,800.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
ALTAPOINTE HEALTH SYSTEMS 5750-A SOUTHLAND DR. MOBILE, AL 36693	63-6004739	501(C)(3)	63,700.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
AMERICAN RED CROSS - WASHINGTON COUNTY CHAPTER - P. O. BOX 1764 - MOBILE, AL 36601	63-0288803	501(C)(3)	28,767.	0.			COMMUNITY ALLOCATION TO AGENCY (WASHINGTON COUNTY)
MOBILE ASSOCIATION FOR THE BLIND 2424 GORDON SMITH DR. MOBILE, AL 36607	63-0320198	501(C)(3)	10,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
CLARKE COUNTY ASSOCIATION FOR RETARDED CITIZENS - P. O. BOX 553 - JACKSON, AL 36545	63-0753616	501(C)(3)	10,000.	0.			COMMUNITY ALLOCATION TO AGENCY (CLARKE COUNTY)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILMER HALL CHILDREN'S HOME 3811 OLD SHELL RD. MOBILE, AL 36608	63-0302184	501(C)(3)	55,900.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
GRMCA EARLY CHILDHOOD DIRECTIONS 975 WEST I-65 SERVICE RD. N. MOBILE, AL 36618	63-1056487	501(C)(3)	40,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
SOUTH ALABAMA CARES P. O. BOX 40296 MOBILE, AL 36640	58-1989250	501(C)(3)	31,803.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
EDUCATIONAL CENTER FOR INDEPENDENCE - 234 HEARN DR. - CHATOM, AL 36518	63-0673646	501(C)(3)	25,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
HABITAT FOR HUMANITY IN MOBILE COUNTY - P. O. BOX 16422 - MOBILE, AL 36616	63-0985638	501(C)(3)	10,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
CRITTENTON YOUTH SERVICES 30 SCHILLINGER RD N #105 MOBILE, AL 36608	63-0335378	501(C)(3)	93,800.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
BALDWIN COUNTY DISTRICT ATTORNEY'S OFFICE - P.O. BOX 1219 - BAY MINETTE, AL 36507			15,750.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
BAY MINETTE POLICE DEPARTMENT P.O. BOX 1208 BAY MINETTE, AL 36507			6,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
FOLEY POLICE DEPARTMENT 200 E. SECTION AVE. FOLEY, AL 36535			15,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF COASTAL ALABAMA P.O. BOX 40881 MOBILE, AL 36604	38-3684968	501(C)(3)	25,000.	0.			COMMUNITY ALLOCATION TO AGENCY (MOBILE COUNTY)
DEMOPOLIS POLICE DEPARTMENT 301 EAST WASHINGTON ST DEMOPILIS, AL 36732			5,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
SUMMERDALE POLICE DEPARTMENT 502 WEST LEE AVE SUMMERDALE, AL 36580			5,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
MOBILE COUNTY SHERIFF'S OFFICE P. O. BOX 113 MOBILE, AL 36601			15,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
MOBILE POLICE DEPARTMENT 2460 GOVERNMENT ST. MOBILE, AL 36606			18,000.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT
MONROE COUNTY SHERIFF'S OFFICE 65 NORTH ALABAMA AVE. MONROEVILLE, AL 36460			7,900.	0.			PROJECT SAFE NEIGHBORHOOD/ANTI-GANG INITIATIVE GRANT DISBURSEMENT

**Part III**

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

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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES ALLOCATIONS AND DESIGNATIONS TO AGENCIES THAT HAVE SIGNED PARTNERSHIP AGREEMENTS WITH THE ORGANIZATION. THE AGREEMENTS ARE UPDATED PERIODICALLY AND REQUIRE THE AGENCY PARTNER TO SUBMIT ORGANIZATIONAL AND FINANCIAL DATA TO SUSTAIN MEMBERSHIP.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SOUTHWEST ALABAMA, INC.

Employer identification number

63-0351568

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

SUPPORT FOR OTHER COMMUNITY PROJECTS AND PROGRAM SERVICES.

EXPENSES \$ 468,217. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS ALLEN LADD AND

RUSSELL LADD ARE RELATED. RUSSELL IS ALLEN'S FATHER. BOARD MEMBERS

ELIZABETH FREEMAN AND SARAH DAMSON ARE RELATED. SARAH IS ELIZABETH'S

MOTHER.

FORM 990, PART VI, SECTION A, LINE 6: RECIPIENTS OF CASH ALLOCATIONS ARE

MEMBERS OF THE UNITED WAY OF SOUTHWEST ALABAMA, A NOT FOR PROFIT

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS ARE ELECTED AT THE ANNUAL

MEETINGS BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HAS A FIRM OF

CERTIFIED PUBLIC ACCOUNTANTS ASSIST IN THE PREPARATION OF THE FORM 990. THE

FORM 990 IS PRESENTED TO THE FULL BOARD FOR APPROVAL WITH THE

RECOMMENDATION OF THE AUDIT COMMITTEE, WHICH IS COMPRISED OF THE MEMBERS OF

THE FINANCE AND EXECUTIVE COMMITTEES. EACH MEMBER IS PROVIDED OPPORTUNITY

TO OBTAIN A COPY AND PRESENT ANY QUESTIONS OR REQUESTS FOR ADDITIONAL

INFORMATION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF

INTEREST POLICY THAT IS PRESENTED ANNUALLY FOR REVIEW AND APPROVAL. EACH

Name of the organization

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MEMBER IS PROVIDED A COPY OF THE DOCUMENT AND REQUESTED TO RETURN A SIGNED STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD CHAIR MEETS WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER BEFORE THE START OF THE NEW YEAR. THE BOARD CHAIR CONDUCTS A PERFORMANCE EVALUATION AND THEN RECOMMENDS A SALARY FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER FOR THE COMING PERIOD. THIS RECOMMENDATION IS TAKEN TO THE FINANCE/EXECUTIVE COMMITTEE IN EXECUTIVE SESSION AND A DECISION IS MADE TO REFER TO THE FULL BOARD. THE FULL BOARD THEN HEARS THE RECOMMENDATION IN EXECUTIVE SESSION AND A DECISION IS RENDERED. THE DECISION IS COMMUNICATED TO THE DIRECTOR OF FINANCE FOR ACTION. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR DETERMINING SALARIES FOR THE DIRECTOR OF FINANCE AND DIRECTOR OF OPERATIONS BASED ON FUNDS AVAILABLE AND COMPARING TO SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-55,265.
DONOR DESIGNATED CONTRIBUTIONS	-590,718.
TOTAL TO FORM 990, PART XI, LINE 5	-645,983.

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