Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2021 c	alendar year, or tax	year beginning 0	7/01/21	, and ending	06/30/	22	_			_
		applicable:	C Name of organization						D Employer	identificatio	n number	_
	Address	change		UNITED WAY	OF MOR	GAN COUNTY						
$\overline{\Box}$	Name ch	nanne	Doing business as							**876	2	
=		Ü	,	P.O. box if mail is not deliver	ed to street addre	ess)		Room/suite	E Telephon		612	
-	Initial retu Final retu		PO BOX 1058	ovince, country, and ZIP or	foreign poetal cod	Δ			250-	<u>353-6</u>	043	_
	terminated			ovince, country, and ZIP of	• .						1 056 55	
\square	Amended	d return	DECATUR F Name and address of pr	vincinal officers	AL 3560	2			G Gross rec	eipts \$	1,056,754	<u>4</u>
Ħ	Annlicatio	on pending	·	•				H(a) Is this a gr	oup return for s	subordinates?	Yes X N	Vo
ш.	Арріісаці	on pending	KATHLEEN		1				•		= =	Vo
				AVENUE NE		25601		H(b) Are all sul				10
			DECATUR	-		35601	$\overline{}$	— II NO,	" attach a list.	See instruction	JIIS	
		mpt status:	X 501(c)(3)		(insert no.)	4947(a)(1) or	527					
J	Website	e: ▶ W	WW.UWMCAL.C					H(c) Group exe				_
		organization:		Trust Association	Other >		L	Year of formation: 1	940	M State of	legal domicile: A.	느
<u> </u>	art I		mmary									_
	1		scribe the organizatio		significant act	ivities:						
හු		FUND	S DISTRIBUTIO	ON								
Jan												
Governance												
Ó			s box ▶ 🔲 if the oro	•		•						
⋖	3	Number c	of voting members of t	the governing body (Part VI, line 1	a)			3	28		_
es	4	Number of	of independent voting	members of the gove	erning body (F	Part VI, line 1b) \dots			4	28		_
Activities	5	Total num	nber of individuals emp	ployed in calendar ye	ear 2021 (Part	t V, line 2a)			5	4		_
Act			nber of volunteers (es						6	80		_
	7a	Total unre	elated business reven	ue from Part VIII, col	umn (C), line	12			7a			0
	b	Net unrela	ated business taxable	income from Form 9	90-T, Part I, I	ine 11			7b			0
								Prior Ye			urrent Year	_
ā			ons and grants (Part						8,708		,007,569	
Revenue	1	_	service revenue (Part						3,952		6,039	
Ş			nt income (Part VIII, co						3,273		1,867	
_			enue (Part VIII, colum						3,226		21,037	
			enue – add lines 8 thr						2,707		,036,512	
			nd similar amounts pai					1,45	2,708		,008,535	<u>></u>
			paid to or for members	•							010 200	<u>v</u>
es	15	Salaries,	other compensation, e	employee benefits (P	art IX, columr	n (A), lines 5–10) _.		23	9,298		212,328	<u>ಕ</u>
kpenses	16a	Profession	other compensation, en al fundraising fees (Fadraising expenses (Pa	Part IX, column (A), I	ine 11e)							0
									1 000		110 001	_
Ш	17	Other exp	enses (Part IX, colum	mn (A), lines 11a–11d	I, 11f–24e)				1,000		118,920	
			enses. Add lines 13-1			, line 25)			3,006		,339,783	
		Revenue	less expenses. Subtra	act line 18 from line	12				0,299		-303,271	<u>L</u>
ts or	20	Total age	ets (Part X, line 16)					Beginning of Cu	8,121		nd of Year ,624,649	<u>_</u>
Net Assets (Fund Balanc	20								7,260		,327,059	
det/	21		lities (Part X, line 26) s or fund balances. S						0,861		297,590	
_	art II		gnature Block	Subtract line 21 nonn	iiie 20			00	0,001		231,330	_
			perjury, I declare that I ha	and avamined this return	n including oo	companying schodul	on and statema	nto and to the hor	at of my kno	ulodgo ond	L boliof it is	_
			emplete. Declaration of p						•	wieuge and	beller, it is	
		Ť	<u> </u>		,		· ·	, ,				_
Sig	ın	S	ignature of officer						Date			_
He	-		•	ROSS			DDFGT	DENT/CEO				
HE	16	T _V	ype or print name and title	CODD			FKEDI	DENT/CEO				_
_		—	preparer's name		Preparer's sign	nature		Date	Check	i, P1	ΓIN	—
Paid	d	1	• •	Dλ	1		٠.٦			□"	*****	
	parer		Y A. SMALLEY, CE			. SMALLEY, CP	n	'	/23 self-em		***9234	_
	Only	Firm's nar		-	& ADAMS	, F.C.		F	irm's EIN ▶		9434	_
-36	City		DECA	3OX 2179	5602-21	70				256	353-1611	1
N/	, th = 15	Firm's add						F	Phone no.	_256−		_
ıvıay	/ the it	rs aiscus	s this return with the p	preparer snown abov	er see instru	CUONS					Yes No)

Part IV Checklist of Required Schedules

complete ls the Did the candid section ls the assess Did the have to "Yes," Did the complete ls the Complete l	lete Schedule A organization required to complete Schedule B, Schedule of Contributors (see instructions)? ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to dates for public office? If "Yes," complete Schedule C, Part I on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) on in effect during the tax year? If "Yes," complete Schedule C, Part II organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, issments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III ne organization maintain any donor advised funds or any similar funds or accounts for which donors the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "complete Schedule D, Part I II ne organization receive or hold a conservation easement, including easements to preserve open space, invironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," lete Schedule D, Part III ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a dian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1 2 3 4 5	X	2
Is the Did the candid Section list he assess Did the have to "Yes," Did the completion or in color in the completion of its to Did the completion of its to Did the completion of its to Did the Did the completion of its to Did the Did the completion of its to Did the Did	reorganization required to complete Schedule B, Schedule of Contributors (see instructions)? The organization engage in direct or indirect political campaign activities on behalf of or in opposition to dates for public office? If "Yes," complete Schedule C, Part I The organizations. Did the organization engage in lobbying activities, or have a section 501(h) on in effect during the tax year? If "Yes," complete Schedule C, Part II The organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, is sments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III The organization maintain any donor advised funds or any similar funds or accounts for which donors the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "complete Schedule D, Part II The organization receive or hold a conservation easement, including easements to preserve open space, invironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III The organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," lete Schedule D, Part III The organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	3 4 5		2
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or in confirmation of the complete the complete the confirmation of the confirmation o	negotiation services? If "Yes," complete Schedule D, Part IV	9		
If the over the complete of its to Did the	ne organization, directly or through a related organization, hold assets in donor-restricted endowments			Γ
VII, VI Did the comple Did the of its to Did the	quasi endowments? If "Yes," complete Schedule D, Part V	10		
Did the complete Did the of its to Did the	organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Г
complete Did the of its to Did the	III, IX, or X, as applicable.			
Did the	ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
of its t	lete Schedule D, Part VI	11a	Х	
Did the	ne organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			Γ
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
of its t	ne organization report an amount for investments—program related in Part X, line 13, that is 5% or more			Γ
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
Did the	ne organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Γ
reporte	ed in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	Г
	ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Γ
	rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	ne organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			T
	dule D, Parts XI and XII	12a	x	
	the organization included in consolidated, independent audited financial statements for the tax year? If			T
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
	organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			T
	as arganization maintain on office, ampleyees or agents systems of the United States?	14a		t
	ne organization maintain an office, employees, or agents outside of the Onlied States?			t
	aising, business, investment, and program service activities outside the United States, or aggregate			
	n investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.2		t
	we foreign approximation 2.16 W/co. 2 appropriate Calcadida E. Danta H. and N.	15		
	ny foreign organization? If Yes, complete Schedule F, Parts II and IV ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		+
	and the foreign in this land of the control of the Color of the Francisco	16		
	ance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		t
	X, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
	ne organization report more than \$15,000 total of fundraising event gross income and contributions on	''		t
	/III lines to and 952 If IVon I complete School to C. Port II	18	x	
	/III, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	Λ	╁
	ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
			<u> </u>	1
PIG th	s," complete Schedule G, Part III	20-	I	
	s," complete Schedule G, Part III	20a		
	s," complete Schedule G, Part III	20a 20b		
	s," complete Schedule G, Part III	20a		ļ

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV _______ 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 38 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 2 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Page 5

_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac	ıthority	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
C				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions			6a		
b	gifts were not tax deductible?	o Oi		6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	nds				
u	and services provided to the payor?			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899	as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100		1		
11	Once in come from month on an about olders	11a				
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	IIa		-		
-	are instrumental discounting of the control of the	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or	•			7,
	excess parachute payment(s) during the year?			15		X
4.0	If "Yes," see instructions and file Form 4720, Schedule N.		•	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	7	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 504(c)(21) organizations. Did the trust any disqualified person or mine operator engage in					
.,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

02628 05/15/2023 4:18 PM Form 990 (2021) UNITED WAY OF MORGAN COUNTY **-***8762 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ______ 28 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, b Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х

No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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 B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Section C. Disclosure

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

KATHLEEN ROSS

115 FIRST AVENUE NE

AL 35601 DECATUR

256-353-6643

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

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

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

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

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

<u> </u>									<u> </u>	
(A) Name and title	(B) Average hours per week	box	x, unle	Pos check ess pe nd a o	more rson	than one is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KATHLEEN ROSS						\Box				
	40.00									
PRESIDENT/CEO	0.00	X		X				83,466	0	0
(2) BILLY ALLEN										
	0.00	.								
BOARD MEMBER	0.00	X						0	0	0
(3) ALLEN STOVER	0.00									
	0.00									
BOARD MEMBER (4) ANITA CLARK	0.00	X			_	+		0	0	0
(4) ANTIA CLARK	0.00									
BOARD MEMBER	0.00	x						0	0	0
(5) CLAUDIA COMPTION		╀┸				++		0	0	0
(3) CLIAUDIA COM I I ON	0.00									
IMMEDIATE PAST CHAIR	0.00	X		x				0	0	0
(6) DAN CULPEPPER		+								
•	0.00									
BOARD MEMBER	0.00	x						0	0	0
(7) MIKE EMMERSON										
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) RENEE GREENHILL										
	0.00	.						_	_	_
BOARD MEMBER	0.00	X				\sqcup		0	0	0
(9) LENDON HAGGARD										
	0.00									
BOARD MEMBER	0.00	X				\vdash		0	0	0
(10) BETH HALES	0.00									
BOARD MEMBER	0.00	x						0	0	0
(11) JOE HOLMES	0.00	<u> </u>			\vdash	++		0	0	0
(11,000 11011111111111111111111111111111	0.00									
BOARD MEMBER	0.00	X						0	0	0
<u></u>								<u>. </u>		Farm 990 (2024)

Part VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	rson i	than of s both or/trusted Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	co	(F) mated amo of other ompensatio from the anization a d organiza	on and
(12) BRUCE JONES	0.00					<u>a</u>						
BOARD MEMBER	0.00	x						0	0			0
BOARD MEMBER	0.00	x						0	0			0
(14) MARY JANE MI	CHELL 0.00											
BOARD MEMBER (15) MARY JANE MI	0.00	X						0	0			0
	0.00											•
BOARD MEMBER (16) CLAUDETTE OW	0.00 Ens	X						0	0			0
CHAIR ELECT	0.00	x		х				0	0			0
(17) CHOLE PATTER: BOARD MEMBER	0.00 0.00	x						0	0			0
(18) KELLI POWERS	0.00											
BOARD MEMBER	0.00	x						0	0			0
(19) SARAH SMITH BOARD MEMBER	0.00	x						0	0			0
1b Subtotal							>	83,466				
c Total from continuation she d Total (add lines 1b and 1c)	•						>	83,466				
Total number of individuals (in reportable compensation from	cluding but not li	imited	d to				ove) who received more than \$	\$100,000 of			
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir " complete Sched	ector	, trus J for	such	ind	ividua	aĺ				3 Ye	es No
For any individual listed on lin- organization and related organization and related organization.	nizations greater	than	\$15 	60,00 	0? <i>It</i>	"Yes	s," co	omplete Schedule J for suc	h 		4	х
5 Did any person listed on line for services rendered to the o	1a receive or acc	crue	comp	pensa	ation	from	n any	y unrelated organization or	individual		5	х
Section B. Independent Contractor 1 Complete this table for your fi			tod i	nden	ende	ant co	ontro	actors that received more th	nan \$100 000 of			
compensation from the organi	zation. Report co							ar year ending with or withir	n the organization's tax yea	ır.		<u>()</u>
Name and	(A) d business address							Descript	(B) lion of services		Compe	C) ensation
2 Total number of independent								e listed above) who				
received more than \$100,000	of compensation	fron	n the	ora	aniza	ation	•		0			

Form 990 (20	21) UNITED	WAY OF	MORGAN	COUNT
Part VIII	Statement of	of Revenue		

		Check if	Sche	edule O conta	ains a	response	or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	ainns		1a						
ran		Membership due			1b						
ا ا	c	Fundraising ever	nts		1c						
ifts		Related organiza			1d						
ä. Θ		Government grants (co			1e	-	L7,390				
Sis		All other contributions,									
la Ei		and similar amounts no			1f	99	0,179				
풀히	g	Noncash contributions lines 1a-1f			1g	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines					•	1,007,569			
		101411 / 104 111100					siness Code	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a	2a	RENTAL INC	OME:				0000 0000	4,000			4,000
Ż	b			R DESIGNATIO	ONS			2,039	2,039		
Program Service Revenue	C							,	,		
am	d										
. gd	е										
₫	f	All other program									
		Total. Add lines				_	▶	6,039			
	3	Investment incor									
		other similar am		-			•	1,867			1,867
	4	Income from inve	estmer	nt of tax-exempt	bond r	proceeds		_			
	5	Royalties		•			🕨				
				(i) Real		(ii) Pers					
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	d	Net rental incom	e or (le	oss)			🕨				
	7a	Gross amount from	Ì	(i) Securities		(ii) Oth	ner				
		sales of assets other than inventory	7a								
<u>e</u>	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
	d	Net gain or (loss)				🕨				
Other		Gross income from									
		(not including \$									
		of contributions rep									
		1c). See Part IV, lin	ie 18		8a	4	11,279				
	b	Less: direct expe	enses		8b	2	20,242				
	С	Net income or (le			events			21,037			21,037
	9a	Gross income from	om ga	ming							
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe			9b						
					ities		🕨				
	10a	Gross sales of ir	nvento	y, less							
		returns and allow	vances	.	10a						
	b	Less: cost of goo			10b						
	С	Net income or (le	oss) fr	om sales of inve	ntory .		▶				
<u>"</u>						Ви	siness Code				
o g	11a										
lan	b					L					
Miscellaneous Revenue	С					L					
Mis	d	All other revenue	e			L					
	е	Total. Add lines	11a-1	1d			>				
	12	Total revenue.	See in	structions			🕨	1,036,512	2,039	0	26,904

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Total expenses Management and general expenses Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,008,535 1,008,535 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 165,358 102,521 41,340 21,497 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 32,874 20,381 8,219 4,274 8,740 3,524 14,096 Payroll taxes 1,832 10 Fees for services (nonemployees): Management 3,512 2,177 878 457 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 10,962 6,796 2,741 1,425 Occupancy 16 1,388 861 347 180 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 9,052 5,612 2,263 1,177 20 13,123 13,123 Payments to affiliates 21 Depreciation, depletion, and amortization 19,030 11,798 4,758 2,474 22 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 16,275 16,275 OTHER ALLOCATIONS CAMPAIGN EXPENSES 15,982 15,982 8,893 5,514 2,223 TELEPHONE 1,156 7,935 4,9191,984 1,032 CONTRACT SERVICES e All other expenses 12,768 8,361 2,899 1,508 1,339,783 1,218,472 84,299 37,012 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Pa	art)	Check if Schedule O contains a response or n	ote to any line	e in this Part X			П
		·	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			983,709	1	835,329
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			630,537	4	364,475
	5	Loans and other receivables from any current or for	mer officer, di	rector,			
		trustee, key employee, creator or founder, substantia	al contributor,	or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified					
ß		under section 4958(f)(1)), and persons described in	section 4958	(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	405	102,192	453,875	10c	424,845
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin			2,068,121	16	1,624,649
	17	Accounts payable and accrued expenses			52,958	17	1,624,649 50,528
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tay ayamat hand liabilities				20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedul	e D		21	
Ś	22	Loans and other payables to any current or former of					
litie		trustee, key employee, creator or founder, substantia	al contributor,	or 35%			
Liabilities		controlled entity or family member of any of these pe	ersons			22	
	23	Secured mortgages and notes payable to unrelated			252,374	23	234,339
	24	Unsecured notes and loans payable to unrelated thi	rd parties			24	
	25	Other liabilities (including federal income tax, payabl	les to related	third			
		parties, and other liabilities not included on lines 17-	·24). Complete	e Part X			
		of Schedule D			1,161,928	25	1,042,192
	26	Total liabilities. Add lines 17 through 25	<u></u>		1,467,260	26	1,327,059
		Organizations that follow FASB ASC 958, check	here ▶ X				
Ses		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Net assets without donor restrictions			511,035	27	232,862
Ba	28	Net assets with donor restrictions			89,826	28	64,728
<u>n</u>		Organizations that do not follow FASB ASC 958	, check here	▶ ∐			
乓		and complete lines 29 through 33.					
Assets or	29					29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated income				31	
Net	32	Total net assets or fund balances			600,861	32	297,590
_	33	Total liabilities and net assets/fund balances			2,068,121	33	1,624,649

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3		
3	Revenue less expenses. Subtract line 2 from line 1	3	-30	03,2	271
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	3,00	861
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	97,	590
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Part VII

(A) Name and title	(B) Average hours per week	off	x, unle	ess pe	more rson i	than c s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	of	(F) ted amount f other pensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organi	om the ization and organizations
(20) SANDRA STEPHI											
BOARD MEMBER	0.00	x						0	0		0
(21) WENDY TAYLOR	0.00								0		
	2.00										
CHAIR	0.00	X		X				0	0		0
(22) MICHELE TERRY	0.00										
BOARD MEMBER	0.00	x						0	0		0
(23) TRACY THORNTO											
BOARD MEMBER	0.00	x						0	0		0
	AGLIA	^						0	<u> </u>		
(==, ==,===============================	0.00										
BOARD MEMBER	0.00	X						0	0		0
(25) DARRELL WATES	2.00										
TREASURER	0.00	x		x				0	0		0
(26) DONNA WHITTEN											
	0.00										•
SECRETARY (27) MEAGAN YARBRO	0.00	X		X				0	0		0
(27) MEAGAN TARDA	0.00										
BOARD MEMBER	0.00	х						0	0		0
							•				
c Total from continuation shed Total (add lines 1b and 1c)							>				
Total number of individuals (in reportable compensation from	-	mited				ed at	ove) who received more than \$	\$100,000 of		
3 Did the organization list any fo	rmor officer dire	octor	truc	too	kov	omn	lovo	o or highest componented			Yes No
employee on line 1a? If "Yes,"	' complete Sched	ule J	l for	such	ind	ividua	al			3	š
4 For any individual listed on line organization and related organ											
individual										4	ı
5 Did any person listed on line of for services rendered to the o	1a receive or acc	rue o	comp	ensa	ation	trom	ı any	y unrelated organization or	individual	5	
Section B. Independent Contractor		00,	301114	3,010	0011	ouure	, ,	or oden percent			<u></u>
1 Complete this table for your five											
compensation from the organia	Zation. Report co (A) I business address	mpei	ารสแ	on ic	or the	e car	enaa	ar year ending with or within	n the organization's tax yea (B) lion of services	ır.	(C) Compensation
Name and	1 Dusiness address							Descrip	lion of services		Compensation
2 Total number of independent of								e listed above) who			
received more than \$100,000	of compensation	from	the	orga	aniza	ation	<u> </u>				Form 990 (2021)

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

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

UNITED WAY OF MORGAN COUNTY

Employer identification number **-**8762

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.					
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	neck only	one box.)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990).)								
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(i	ii).						
4	П	A medical res	search organization operated	in conjunction with a hospital d	escribed i	n sectio i	170(b)(1)(A)(iii). Enter the ho	ospital's name,					
	ш	city, and state		,				,					
5				f a college or university owned of	or operate	d by a go	vernmental unit described in						
-	ш	•	(b)(1)(A)(iv). (Complete Part	•		, - 9-							
6				overnmental unit described in se	ection 17	0(b)(1)(A)	(v).						
7	X	· ·		substantial part of its support from			` '						
-	ш	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university:												
10		An organizati	on that normally receives (1)	more than 33 1/3% of its support	ort from co	ontribution	s, membership fees, and gross	3					
		•		pt functions, subject to certain ex	•	` '							
			· ·	d unrelated business taxable inc	,		,						
	\Box	. ,	· ·), 1975. See section 509(a)(2).	` .								
11	Н	•	•	exclusively to test for public safet	•		. , . ,						
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check												
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
	supporting organization. You must complete Part IV, Sections A and B.												
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having												
				ing organization vested in the sa			.,, .	d					
		organizati	ion(s). You must complete	Part IV, Sections A and C.			0						
	С	Type III	functionally integrated. A s	supporting organization operated	in conne	ction with	, and functionally integrated wit	th,					
		its suppo	rted organization(s) (see ins	tructions). You must complete	Part IV, S	ections	A, D, and E.						
	d		•	I. A supporting organization ope				• •					
				organization generally must sat	-		•	SS					
				nust complete Part IV, Section									
	е			eived a written determination fron n-functionally integrated supporti			a type i, type ii, type iii						
	f		nber of supported organization		ng organi	zadon.							
	g		ollowing information about th										
—— (i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
,		ganization	(,	(described on lines 1–10		ur governing	support (see	other support (see					
				above (see instructions))	docui	nent?	instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	I												

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,007,569 1,611,081 1,424,592 1,463,824 1,448,708 6,955,774 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,611,081 1,424,592 1,463,824 1,448,708 1,007,569 6,955,774 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) 4,000,000 Public support. Subtract line 5 from line 4... 2,955,774 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 1,611,081 1,424,592 1,463,824 1,448,708 1,007,569 6,955,774 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from 3,273 1<u>,</u>867 1,918 12,877 14,894 34,829 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 46,406 37,137 24,608 726 45,279 154,156 11 **Total support.** Add lines 7 through 10 7,144,759 Gross receipts from related activities, etc. (see instructions) 12 12 17,206 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 14 41.37 % Public support percentage from 2020 Schedule A, Part II, line 14 15 15 44.99 % 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

Sec	tion A. Public Support			•	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(4) 2017	(2) 2010	(6) 2010	(4) 2020	(6) 2021	(i) i otal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s	second, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop her						>
Sec	tion C. Computation of Public S						
15	Public support percentage for 2021 (line 8	, column (f), divide	ed by line 13, colum	ın (f))		15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investme			(0)		147	1 0/
17	Investment income percentage for 2021 (li	ne 10c, column (f)), aivided by line 13	, column (t))		17	%
18	Investment income percentage from 2020	Schedule A, Part I	II, line 1/	14 and line 45 '-	more than 22 4/22	18	%
19a	33 1/3% support tests—2021. If the orga						> 🗆
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2020. If the orga		-		-		
D	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			-	. —

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
		169	140
	1		
	2		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sch	edule A	A (Form 9	990) 2021
			-

	Me A (10111 390) 2021 CHILD WITH OI MORESTA COUNTY	/ 02		raye •
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С		44-		
Secti	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
<u>Ject</u>	on b. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	970 (explain in Part VI). Se	e
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7.1) 1.1101 1.001	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Soct	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year
	OI B - Millimum Asset Amount		(A) I Hor Tear	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T		supporting organization	

Schedule A (Form 990) 2021

(see instructions).

Schedu	t V Type III Non-Functionally Integrated 509(a)(3)		**-**8	762 Page
Sect	ion D – Distributions	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	200		
2	Amounts paid to perform activity that directly furthers exempt purposes			
_	organizations, in excess of income from activity	o. cappoiled		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.	,		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

02628 05/15/2023 4:18 PM UNITED WAY OF MORGAN COUNTY **-**8762 Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, LINE 10 - OTHER INCOME DETAIL SPECIAL EVENTS 63,392 SERVICE FEES 8,496 36,989 OTHER CONTRIBUTIONS

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **-***8762 UNITED WAY OF MORGAN COUNTY

Organization type (check one):
Filers of:	Section:
Form 990 or 990-EZ	X 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
Note: Only a section 501(c)(7) instructions.	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions a during the year
Caution: An organization that must answer "No" on Part IV, I	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Page 2

Name of organization

UNITED WAY OF MORGAN COUNTY

Employer identification number **-**8762

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	DAIKIN AMERICA PO BOX 2252 DECATUR AL 35609	\$ 464,332	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PUBLIX SUPERMARKET 1605 BELTLINE ROAD SW DECATUR AL 35601	\$ 54,600	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	INDORAMA VENTURES XYLENES & PTA LLC 1401 FINLEY ISLAND ROAD DECATUR AL 35601	\$ 101,510	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 DECATUR UTILITIES PO BOX 2232 DECATUR AL 35602	Total contributions \$ 41,930	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UPS 732 STATE DOCKS ROAD DECATUR AL 35601	\$ 57,122	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TURNER INDUSTRIES GROUP 127 OLD HWY 24 DECATUR AL 35601	\$ 24,079	Person Payroll X Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

UNITED WAY OF MORGAN COUNTY

Employer identification number **-**8762

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY ACTION PARTNERSHIP 107 2ND AVE NE DECATUR AL 35601	\$ 31,952	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CONTRACTOR SERVICE & FABRICATION 3428 HWY 20 DECATUR AL 35601	\$ 24,833	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	3M PO BOX 2206 DECATUR AL 35609	\$ 39,645	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			I
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

2021
Open to Public Inspection

Employer identification number Name of the organization **-***8762 UNITED WAY OF MORGAN COUNTY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Page 2

	art III Organizations Maintaining			Treasures. c	or Other Sim	ilar As	sets (contin		age Z
3	Using the organization's acquisition, accession collection items (check all that apply):		•	•					<u></u>	
а	Public exhibition	d 🗌	Loan or exchange	program						
b	Scholarly research	е 🗌	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's	exempt purpose	in Part				
	XIII.									
5	During the year, did the organization solicit or		•	•						٦
_	assets to be sold to raise funds rather than to		eart of the organizat	ion's collection?				Ye	s	No
Pa	Complete if the organization 990, Part X, line 21.	_	' on Form 990,	Part IV, line 9	, or reported	an amo	ount or	n Form	1	
1a	Is the organization an agent, trustee, custodian									7 N
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:					Ye	:S	No
D	ii res, explain the arrangement in Fait Alli a	na complete the lo	lowing table.					Amount		
С	Reginning halance					1c		7 11110 01111	•	
q	Beginning balance Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or o	custodial account	liability?			Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII			<u></u>		
Pa	art V Endowment Funds.									
	Complete if the organization		<u>on Form 990, </u>	Part IV, line 1						
		(a) Current year	(b) Prior year	(c) Two year	s back (d) T	hree years	back	(e) Four	years	back
	Contributions									
С	Net investment earnings, gains, and									
لہ	losses									
	Grants or scholarships									
e	Other expenditures for facilities and									
f	Administrative expenses									
q										
2	Provide the estimated percentage of the current	nt vear end balance	: (line 1a. column (a	a)) held as:						
а	Board designated or quasi-endowment ▶	%	(5 9, 55)	.,,						
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administered for	or the			ſ		
	organization by:							$\overline{}$	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organizate			?				3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Га	Land, Buildings, and Equipole Complete if the organization		on Form 990	Part IV line 1	1a Soo Form	000 [Dart Y	lina 1	Λ	
	Description of property	(a) Cost or other		t or other basis	(c) Accumula		ait 7,	(d) Book		
	Description of property	(investment)	(b) 008	(other)	depreciation			(4) DOOK	·uiuo	
	Land	1		29,955	•				29,	955
b.u	Buildings			==,,,,,,,				•	- ,	
c	Leasehold improvements									
	Equipment			497,082	102	,192		3.9	94,	890
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line	10c.)		•		4:	24,	845

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation:
(1) Financial			,	
	old equity interests			
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	- 000 D (N / I'	44 0 5 000 5 4	V " 40
	Complete if the organization answered "Yes" on F			
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			Cost or end-or-year ma	irket value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8) (9)				
Part IX	Other Assets. Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11d. See Form 990, Part	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		,	
	Complete if the organization answered "Yes" on F line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			
`	ATIONS PAYABLE TO AGENCIES			943,18
`	NATIONS PAYABLE			99,01
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		>	1,042,192
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's fin	ancial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page	4
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Pa	rt XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	1,036,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
b		2b		
С	· · · · · · · · · · · · · · · · · · ·	2c		
d	/	2d		
е	3		2e	
3	Subtract line 2e from line 1		3	1,036,512
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	,	4b		
C			4c	1 000
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,036,512
Pa	art XII Reconciliation of Expenses per Audited Financial S	-	nses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.	- I . I	1 220 502
1			1	1,339,783
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
а				
b		2b		
C		2c		
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		2e	1 220 702
3	Subtract line 2e from line 1		3	1,339,783
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Other (Describe in Part XIII.)		4.	
С	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	1 220 702
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>			1,339,783
5 P a	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information.)	5	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information.	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	1,339,783
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informat	V, line 4; Part X, line ion.	
Provided the control of the control	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provided the control of the control	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provided the control of the control	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informat	V, line 4; Part X, line ion.	
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informat	V, line 4; Part X, line ion.	
Provide the control of the control o	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
Provide the control of the control o	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informations.	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informations.	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional information	V, line 4; Part X, line ion.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informational informational informational information in the second	V, line 4; Part X, line ion.	

Schedule D (Fo	orm 990) 2021 T	JNITED) WAY	OF	MORGAN	COUNTY	**-***8762	Page 5
Part XIII	Supplementa	Inform	ation (d	contin	ued)			
	• •							
								• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **-***8762 UNITED WAY OF MORGAN COUNTY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 6 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

UNITED WAY OF MORGAN COUNTY **-**8762 Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL EVENTS NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 41,279 41,279 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 41,279 41,279 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 20,242 20,242 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 20,242 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2021 UNITED WAY OF MORGAN COUNTY **-**8762				Pag	<u>∍</u> 3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity					
	formed to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a				%
b	An outside facility	13b				%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	[.00]				/ 0
	records:					
	Name ▶					
	Address ▶			•		
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the					
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address of the third party:					
	Name ▶			•		
	Address ▶					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
-				Yes		No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Ш	.00	ш	
D	spent in the organization's own exempt activities during the tax year > \$					
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v). ar	nd		—
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	٠,	, .	ıu		
	See instructions.	matioi	٠.			
	OCC IIISTIUCTIONS.					—

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number

UNITED WAY OF MORGA	AN COUNTY					'	**-**8762
Part I General Information on Grants and	l Assistance					•	
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistar Describe in Part IV the organization's procedures for more 	nce?			ligibility for the grants	or assistance, and		X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient that	omestic Organ	izations	and Domestic Go				wered "Yes" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	'''
(1) AMERICAN RED CROSS 400 14TH ST, STE D DECATUR AL 35601	**-***6605	501C3	46,340				EMERGENCY ASSISTANCE
(2) ARC OF MORGAN COUNTY 2234 GRAHAM AVE SW DECATUR AL 35601	**-***7641	501C3	53,600				SUPPORT RETARDATION
(3) BOY SCOUTS OF AMERICA 516 LIBERTY PKWY BIRMINGHAM AL 35242	**-***2107		10,000				SUPPORT YOUTH
(4) BOYS & GIRLS CLUB P.O. BOX 1431 DECATUR AL 35602	**-***9942		98,000				SUPPORT YOUTH
(5) CAP-FOSTER GRANDPARENTS/SENIOR COMM 1909 CENRAL PARKWAY DECATUR AL 35601			54,900				SUPPORT ELDERLY
(6) CENTER FOR DEVELOP. DISABLED 1602 CHURCH ST SE DECATUR AL 35601	**-***9786		13,000				SUPPORT RETARDATION
(7) CHILD ADVOCACY CENTER PO BOX 2006 DECATUR AL 35602	**-***4970	501C3	36,000				SUPPORT ABUSED
(8) COMMUNITY ACTION PARTNERSHIP-MEALS 1909 CENRAL PARKWAY DECATUR AL 35601	**-***4875	501C3	115,000				SUPPORT LOW INCOME
(9) COMMUNITY FREE CLINIC 245 JACKSON STREET SE DECATUR AL 35601	**-***6129		38,180				SUPPORT LOW-INCOME
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the line 	organizations listed	in the line	1 toble				► 27 ► 0

SCHEDULE I (Form 990)

Department of the Treasury

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization **-***8762 UNITED WAY OF MORGAN COUNTY 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (c) IRC (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (a) Description of (h) Purpose of grant 1 (book, FMV, appraisal, section noncash assistance or assistance or government grant noncash assistance other) (if applicable) (1) CRISIS SERVICES OF NORTH ALABAMA P.O. BOX 368 SUPPORT ABUSED HUNTSVILLE AL 35804 **-***1545 501C3 62,926 (2) FAMILIES & CHILDREN EXPER. SEP 507 14TH ST SE SUPPORT FAMILIES **-***5615 DECATUR AL 35601 501C3 54,900 (3) GIRL SCOUTS 105 HEATHERBOOKE PARK DR SUPPORT YOUTH **-***8835 501C3 9,000 BIRMINGHAM AL 35242 (4) HABITAT FOR HUMANITY 1123 CENTRAL PARKWAY SW SUPPORT LOW INCOME **-***0915 501C3 12,000 DECATUR AL 35601 (5) HOSPICE OF THE VALLEY 240 JOHNSTON ST SE SUPPORT CRITICALLLY **-***8523 28,015 **DECATUR** AL 35601 501C3 (6) MENTAL HEALTH ASSOCIATION 207 COMMERCE CIRCLE SW SUPPORT RETARDATION **DECATUR** AL 35601 **-***7185 501C3 66,980 (7) MENTAL HEALTH CENTER OF NCA 1316 SOMERVILLE RD SE SUPPORT RETARDATION DECATUR AL 35601 **-***1653 501C3 40,464 (8) MORGAN COUNTY RESCUE SQUAD 112 MILL STREET EMERGENCY ASSISTANCE **-***7783 501C3 12,930 DECATUR AL 35603 (9) MORGAN COUNTY SYSTEM OF SERVICES PO BOX 1124 SUPORT FAMILIES **-***3008 | 501C3 **DECATUR** 24,108 AL 35602

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

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF MORGA	N COUNTY						**-***8762
Part I General Information on Grants and	Assistance					•	
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistantate. Describe in Part IV the organization's procedures for monopart II Grants and Other Assistance to Does Part IV, line 21, for any recipient that 	ce?itoring the use of gomestic Organ	rant funds i	in the United States. and Domestic Go	overnments. Con	nplete if the org	anization ans	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
or government (1) MOSAIC 1410-C 7TH AVE SE DECATUR AL 35601	**-***8762	(if applicable) 501C3	grant 35,000	HUHLASH ASSISIANCE	other)	HOLICASTI ASSISIANCI	SUPPORT YOUTH
(2) PACT PO BOX 1247 DECATUR AL 35602	**-***0591	501C3	30,500				SUPPORT FAMILIES
(3) SENIOR CENTER 221 MEMORIAL DR SW DECATUR AL 35601	**-***7576	501C3	7,327				SUPPORT ELDERLY
(4) TENNESSEE VALLEY OUTREACH 2117 MOULTON HEIGHTS RD DECATUR AL 35601	**-***3025	501C3	14,654				SUPPOR ABUSED
(5) THE SALVATION ARMY 100 AUSTINVILLE RD SW DECATUR AL 35601	**-***0607	501C3	76,000				SUPPORT LOW INCOME
(6) VOLUNTEER CENTER 811 2ND AVE SE, STE 1 DECATUR AL 35601	**-***1057	501C3	65,000				SUPPORT LOW INCOME
(7) ······							
(8)							
(9)							
 Enter total number of section 501(c)(3) and government of Enter total number of other organizations listed in the line 							

Part III Grants and Other Assistance to Part III can be duplicated if addition		als. Complete if the o	organization answered	d "Yes" on Form 990, Part	IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7 Part IV Supplemental Information. Prov	ide the information re	quired in Part I, line	2; Part III, column (b)	 ; and any other additional	information.
• • • • • • • • • • • • • • • • • • • •					
•					

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization

UNITED WAY OF MORGAN COUNTY

Employer identification number **-**8762

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD MEMBERS ARE PROVIDED THE TAX RETURN PRIOR TO THE BOARD MEETING.
APPROVAL OF TAX RETURN AT THE BOARD MEETING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EACH BOARD AND STAFF MEMBER IS RESPONSIBLE FOR DISCLOSING POSSIBLE
CONFLICTS OF INTERESTS.
AT THE FIRST BOARD MEETING OF THE YEAR, BOARD MEMBERS AND STAFF SIGN OFF
THAT THEY HAVE READ THE POLICY. AT THE BEGINNING OF A MEETING WHEN WE
BELIEVE THAT CONFLICTS ARE POSSIBLE; WE REMIND THE VOLUNTEERS OF THE
POLICY.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR IS RATED USING THE CORE COMPETENCIES DEVELOPED BY
THE UNITED WAY OF AMERICA. THE UNITED WAY OF AMERICA SALARY SURVEY
PROVIDES COMPARABLE SALARY COMPARISONS. THE EXECUTIVE COMMITTEE OF THE
BOARD COMPLETES THE EVALUATION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
UPON REQUEST

02628 United Way of Morgan County

-*8762

Federal Asset Report

Form 990, Page 1

05/15/2023 4:18 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
Other	Depreciation:									
20	5 Drawer File Cabinet	12/20/91	125			125	10	MO S/L	125	0
35	2-Drawer Vertical File Cabinet	2/15/95	135			135	10	MO S/L	135	0
50	Board Room Table	6/01/00	1,000			1,000	5	MO S/L	1,000	0
51	12 Board Room Chairs	6/01/00	120			120	5	MO S/L	120	0
63	Chair @ June's Desk	3/01/04	300			300	5	MO S/L	300	0
65	File Cabinet in Sherry's Office	3/01/04	100			100		MO S/L	100	0
66	Campaign Software	3/29/04	4,750			4,750		MO S/L	4,750	0
81	2000 F-150 (donated)	8/03/10	4,350			4,350		MO S/L	4,350	0
84	Office Furniture	9/30/10	1,500			1,500		MO S/L	1,500	0
87	DeskDonated	11/01/12	1,000			1,000		MO S/L	1,000	0
89	New Server	3/31/15	4,285			4,285		MO S/L	4,285	0
90	Conference Tables and Chairs	8/17/16	6,580			6,580		MO S/L	4,543	940
91	Sign for Building	8/31/16	1,000			1,000		MO S/L	690	143
92	Office Building	7/16/16	317,545			317,545		MO S/L	40,736	8,143
93	Land	7/16/16	29,955			29,955		Land	0	0
94	Building Renovations	4/30/19	130,075			130,075		MO S/L	7,226	3,336
95	HVAC	11/01/18	10,400			10,400		MO S/L	2,773	1,040
96	2019 Nissan Rogue	7/10/19	23,817			23,817		MO S/L	9,527	4,763
97	Lightwire Solutions Computer Hardware	3/11/22	10,000			10,000	5	MO S/L	0	667
	Total Other Depreciation		547,037			547,037			83,160	19,032
	Total Office Depreciation	_	317,037		•	317,037			05,100	17,032
	Total ACRS and Other Depre	ciation	547,037			547,037			83,160	19,032
	Total Ments and Other Depre	=	317,037		-	317,037		:	05,100	17,032
	Grand Totals		547,037			547,037			83,160	19,032
	Less: Dispositions and Transfe	erc	0			347,037			05,100	0
	Less: Start-up/Org Expense		0			0			0	0
	• • •	_								
	Net Grand Totals	_	547,037			547,037			83,160	19,032

02628 United Way of Morgan County

-*8762 Depreciation Adjustment Report 05/15/2023 4:18 PM **All Business Activities** FYE: 6/30/2022 AMT Adjustments/ Preferences Form Unit Asset Description Tax AMT There are no assets that meet the criteria of this report

02628 United Way of Morgan County

-*8762 Future Depreciation Report FYE: 6/30/23 05/15/2023 4:18 PM

Form 990, Page 1 FYE: 6/30/2022

		Date In	•	_								
Asset	Description	<u>Service</u>	Cost	Tax	AMT							
Other	Other Depreciation:											
Other	<u>bepreciation.</u>											
20	5 Drawer File Cabinet	12/20/91	125	0	0							
35	2-Drawer Vertical File Cabinet	2/15/95	135	0	0							
50	Board Room Table	6/01/00	1,000	0	0							
51	12 Board Room Chairs	6/01/00	120	0	0							
63	Chair @ June's Desk	3/01/04	300	0	0							
65	File Cabinet in Sherry's Office	3/01/04	100	0	0							
66	Campaign Software	3/29/04	4,750	0	0							
81	2000 F-150 (donated)	8/03/10	4,350	0	0							
84	Office Furniture	9/30/10	1,500	0	0							
87	DeskDonated	11/01/12	1,000	0	0							
89	New Server	3/31/15	4,285	0	0							
90	Conference Tables and Chairs	8/17/16	6,580	940	0							
91	Sign for Building	8/31/16	1,000	143	0							
92	Office Building	7/16/16	317,545	8,142	0							
93	Land	7/16/16	29,955	0	0							
94	Building Renovations	4/30/19	130,075	3,335	0							
95	HVAC	11/01/18	10,400	1,040	0							
96	2019 Nissan Rogue	7/10/19	23,817	4,763	0							
97	Lightwire Solutions Computer Hardware	3/11/22	10,000	2,000	0							
	Total Other Depreciation		547,037	20,363	0							
	Total ACRS and Other Depreciation	n	547,037	20,363	0							
	-	•										
	Grand Totals		547,037	20,363	0							
		-										

33. Number of volunteers

Form 990 Two Year Comparison Report 2021, or tax year beginning 07/01/21 , ending 06/30/22 2021

Name Taxpayer Identification Number

τ	NITED WAY OF MORGAN COUNTY				**_**	*8762
			2020	2021		Differences
	1. Contributions, gifts, grants	1.	1,326,870	99	0,179	-336,691
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	121,838	1'	7,390	-104,448
n e	4. Program service revenue	4.	13,952		6,039	-7,913
_	5. Investment income	5.	3,273		1,867	-1,406
>	6. Proceeds from tax exempt bonds	6.				
۲ ه	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	-13,226	2:	1,037	34,263
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	1,452,707	1,03	5,512	-416,195
	13. Grants and similar amounts paid	13.	1,452,708	1,00	3,535	-444,173
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.	239,298	21:	2,328	-26,970
еп	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	37,236		3,512	-33,724
ш	19. Occupancy, rent, utilities, and maintenance	19.	10,292	1	0,962	670
	20. Depreciation and Depletion	20.	18,363		9,030	667
	21. Other expenses	21.	75,109		5,416	10,307
	22. Total expenses. Add lines 13 through 21	22.	1,833,006	1,33	783	-493,223
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-380,299		3,271	77,028
	24. Total exempt revenue	24.	1,452,707	1,03	5,512	-416,195
	25. Total unrelated revenue	25.				
ö	26. Total excludable revenue	26.	3,999		8,943	24,944
mat	27. Total assets	27.	2,068,121		4,649	-443,472
Information	28. Total liabilities	28.	1,467,260		7,059	-140,201
	29. Retained earnings	29.	600,861		7,590	-303,271
the	30. Number of voting members of governing body	30.	28	28		
δ	31. Number of independent voting members of governing body	31.	28	28		
	32. Number of employees	32.	4	4		

80

33.

80

Tax Return History

Name
UNITED WAY OF MORGAN COUNTY

Tax Return History

Employer Identification Number **-***8762

_	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	2,107,691	1,424,592	1,463,824	1,448,708	1,007,569	
Membership dues						
Program service revenue	21,525	13,983	13,408	13,952	6,039	
Capital gain or loss		-165	8,000			
Investment income	1,477	1,076	1,918	3,273	1,867	
Fundraising revenue (income/loss)	36,281	37,137	3,200	-13,226	21,037	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	2,166,974	1,476,623	1,490,350	1,452,707	1,036,512	
Grants and similar amounts paid	1,202,294	1,351,911	563 , 726	1,452,708	1,008,535	
Benefits paid to or for members						
Compensation of officers, etc.		75,449	78,944			
Other compensation		127,393	148,211	239,298	212,328	
Professional fees	44,970	49,850	82,233	37,236	3,512	
Occupancy costs	10,665	11,178	15,840	10,292	10,962	
Depreciation and depletion	14,714	14,984	18,363	18,363	19,030	
Other expenses	575,259	89,083	68,331	75,109	85,416	
Total expenses	2,005,984	1,719,848	975,648	1,833,006	1,339,783	
Excess or (Deficit)	160,990	-243,225	514,702	-380,299	-303,271	
Total exempt revenue	2,166,974	1,476,623	1,490,350	1,452,707	1,036,512	
Total unrelated revenue						
Total excludable revenue	59,283	52,031	26,526	3,999	28,943	
Total Assets	2,247,210	1,967,127	1,872,834	2,068,121	1,624,649	
Total Liabilities	1,537,527	1,500,669	891,674	1,467,260	1,327,059	
Net Fund Balances	709,683	466,458	981,160	600,861	297,590	

02628 United Way of Morgan County
Federal Statements

FYE: 6/30/2022

5/15/2023 4:18 PM

Taxable Interest on Investments

Description				
	 Amount	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME				
	\$ 1,867	14		
TOTAL	\$ 1,867			

02628 United Way of Morgan County

-*8762

Federal Statements

5/15/2023 4:18 PM

FYE: 6/30/2022

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

Description	E	Total Expenses		Program Service		Management & General		Fund Raising	
EQUIPMENT MAINTENANCE SUPPLIES SHIPPING & POSTAGE	\$	7,868 3,729 1,171	\$	4,878 2,312 1,171	\$	1,967 932	\$	1,023 485	
TOTAL	\$	12,768	\$	8,361	\$	2,899	\$	1,508	

Federal Statements

FYE: 6/30/2022

-*8762

Schedule A, Part II, Line 1(e)

Description		Amount
GRANTS	<u></u>	17,390
COMMUNITY CRISIS FUND	•	2
NON-CASH PROFESSIONAL SERVICES		
OTHER CAMPAIGN CONTRIBUTIONS		110
DAIKIN AMERICA		
CASH CONTRIBUTION		464,332
PUBLIX SUPERMARKET		F4 C00
CASH CONTRIBUTION		54,600
INDORAMA VENTURES XYLENES & PTA LLC CASH CONTRIBUTION		101,510
ASCEND PERFORMANCE MATERIALS		101,510
CASH CONTRIBUTION		15,249
DECATUR UTILITIES		10,110
CASH CONTRIBUTION		41,930
UPS		
CASH CONTRIBUTION		57,122
TURNER INDUSTRIES GROUP		
CASH CONTRIBUTION		24,079
COMMUNITY ACTION PARTNERSHIP		21 050
CASH CONTRIBUTION		31,952
CONTRACTOR SERVICE & FABRICATION CASH CONTRIBUTION		24,833
3M		24,033
CASH CONTRIBUTION		39,645
TORAY COMPOSITE		33,013
CASH CONTRIBUTION		18,854
TORAY FLUOROFIBERS		
CASH CONTRIBUTION		17,203
THE DECATUR DAILY		
CASH CONTRIBUTION		16,268
ITW SEXTON		14 621
CASH CONTRIBUTION		14,631
INTERNATIONAL PAPER		9,760
CASH CONTRIBUTION PROGRESS BANK		9,700
CASH CONTRIBUTION		10,453
HYOSUNG USA, INC.		10,133
CASH CONTRIBUTION		9,902
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02628 United Way of Morgan County 5/15/2023 4:18 PM **Federal Statements** **-***8762 FYE: 6/30/2022 Schedule A, Part II, Line 1(e) (continued) Description Amount FITE BUILDING COMPANY CASH CONTRIBUTION 13,736 UNITED LAUNCH ALLIANCE 14,008 CASH CONTRIBUTION LYNN OZIER CASH CONTRIBUTION 10,000 1,007,569 TOTAL Schedule A, Part II, Line 8(e) Description Amount 1,867 INTEREST INCOME 1,867 TOTAL Schedule A, Part II, Line 10(e) Description Amount 4,000 RENTAL INCOME 41,279 SPECIAL EVENTS 45,279 TOTAL Schedule A, Part II, Line 12 - Current year Description Amount SERVICE FEES FOR DESIGNATIONS 2,039 2,039 TOTAL