# Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23

63-0358762

#### UNITED WAY OF MORGAN COUNTY

Net Asset / Fund Balance at Beg	inning of Year			<u>297,590</u>
Revenue				
Contributions		1,113,530		
Program service revenue	-	1,113,530 4,386 917		
Investment income	-	917		
Capital gain / loss	-			
Fundraising / Gaming:	-			
Gross revenue	47,215			
Direct expenses	47,215 22,969			
Net income		24,246		
Other income	_	0		
Total revenue	-		1,143,079	
Expenses				
Program services		745,441		
Management and general	_	97,685		
Fundraising	_	97,685 41,746		
Total expenses	-		884,872	
Excess / (deficit)				258,207
Changes				9,272
				F.C.F. 0.C.0
Not Asset / Face of	Dalamaa at East at V	/		
	Balance at End of Y	⁄ear	Poconciliation	565,069
Reconciliation of fotal revenue per financial statement ess: Unrealized gains	Revenue	079 Total Less:	Reconciliation expenses per financial statel onated services	of Expenses
Reconciliation of otal revenue per financial statement ess:	Revenue	0 <b>79</b> Total Less:	expenses per financial state	of Expenses
Reconciliation of fotal revenue per financial statement ess: Unrealized gains	Revenue	079 Total Less: D	expenses per financial state	of Expenses
Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services	Revenue	079 Total Less: D	expenses per financial state onated services rior year adjustments	of Expenses
Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries	Revenue	079 Total Less: D	expenses per financial state onated services rior year adjustments osses	of Expenses
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Reconciliation of Total revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other	Revenue s 1,143,0	079 Total Less: D Pl Lc O Plus:	expenses per financial state onated services rior year adjustments osses ther	of Expenses ments 884,872
Reconciliation of Total revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses	Revenue	079 Total Less: D Pl Lc O Plus:	expenses per financial stater onated services rior year adjustments osses ther vestment expenses	of Expenses ments 884,872
Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses  Other	Revenue s 1,143,0	779 Total Less: D Pl Lo O Plus: In	expenses per financial stater onated services rior year adjustments osses ther vestment expenses ther Total expenses per retur	of Expenses ments 884,872
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Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses  Other  Total revenue per return	Revenue s 1,143,0	D Total Less: D Pl Lo O Plus: In O 79  Balance Sh	expenses per financial states onated services rior year adjustments osses ther vestment expenses ther Total expenses per returned	of Expenses ments 884,872  ments 884,872
Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses  Other  Total revenue per return  Assets	Revenue s 1,143,0  1,143,0  Beginning 1,624,6	D79 Total Less: D Pl Lo O Plus: In O 79  Balance Sr Ending 1,250	expenses per financial states onated services rior year adjustments osses ther  vestment expenses ther  Total expenses per returned teet  Difference , 295	of Expenses ments 884,872  ments 884,872
Reconciliation of Total revenue per financial statement ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue  1,143,0  1,143,0  Beginning 1,624,6 1,327,0	DT9 Total Less: D Plus: OT9 Balance Sh Ending 1,250 059 685	expenses per financial stater  onated services rior year adjustments bases ther  vestment expenses ther  Total expenses per returned  neet  Difference  , 295 , 226	of Expenses ments 884,872  ments 884,872  ments 884,872
Reconciliation of fotal revenue per financial statement ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses  Other  Total revenue per return  Assets	Revenue s 1,143,0  1,143,0  Beginning 1,624,6	DT9 Total Less: D Plus: OT9 Balance Sh Ending 1,250 059 685	expenses per financial stater  onated services rior year adjustments bases ther  vestment expenses ther  Total expenses per returned  neet  Difference  , 295 , 226	of Expenses ments 884,872  ments 884,872
Reconciliation of Total revenue per financial statement ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue s 1,143,0  1,143,0  Beginning 1,624,6 1,327,0 297,5	DT9 Total Less: D Plus: OT9 Balance Sh Ending 1,250 059 685	expenses per financial stater  onated services rior year adjustments bases ther  vestment expenses ther  Total expenses per returned  neet  Difference  , 295 , 226	of Expenses ments 884,872  ments 884,872  ments 884,872
Reconciliation of Total revenue per financial statement ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue s 1,143,0  1,143,0  Beginning 1,624,6 1,327,0 297,5	D Total Less: D Plus: In O Plus: In Ending 1,250 590 565	expenses per financial stater  onated services rior year adjustments bases ther  vestment expenses ther  Total expenses per returned  neet  Difference  , 295 , 226	of Expenses ments 884,872  ments 884,872  ments 884,872
Reconciliation of Total revenue per financial statement ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue s 1,143,0  1,143,0  Beginning 1,624,6 1,327,0 297,5	D Total Less: D Plus: O Plus: In O Plus: In S S S S S S S S S S S S S S S S S S S	expenses per financial stater  onated services rior year adjustments bases ther  vestment expenses ther  Total expenses per return  neet  Differenc  , 295  , 226  , 069  267	of Expenses ments 884,872  ments 884,872  ments 884,872

Form **8879-TE** 

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

7/01 , 2022, and ending 6/30 23

2024

FIN or SSN

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

For calendar year 2022, or fiscal year beginning

2022

OMB No. 1545-0047

UNITED WAY OF MORGAN COUNTY 63-0358762 Name and title of officer or person subject to tax KATHLEEN ROSS PRESIDENT/CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1,143,079 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ..... Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 5a Form 8868 check here Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ..... 8a Form 5227 check here ..... 9a Form 5330 check here ..... 10a Form 8038-CP check here .... Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only SMALLEY & ADAMS, P.C. I authorize as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05/15/24 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. \*\*\*\*\*\*\* Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05/15/24 TIMOTHY A. SMALLEY, CPA ERO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23D Employer identification number C Name of organization Check if applicable: Address change UNITED WAY OF MORGAN COUNTY Doing business as 63-0358762 Name change Number and street (or P.O. box if mail is not delivered to street address) 256-353-6643 PO BOX 1058 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated DECATUR AL 35602 1,166,048 **G** Gross receipts\$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Yes Application pending KATHLEEN ROSS 115 FIRST AVENUE NE H(b) Are all subordinates included? **DECATUR** AL 35601 If "No," attach a list. See instructions X 501(c)(3) 501(c) ( 4947(a)(1) or Tax-exempt status: ) (insert no.) WWW.UWMCAL.ORG Website: H(c) Group exemption number Year of formation: 1940 Form of organization: X Corporation Trust Association Other M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 28 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 28 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 5 6 Total number of volunteers (estimate if necessary) 80 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11... Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,007,569 1,113,530 Revenue 9 Program service revenue (Part VIII, line 2g) 6,039 4,386 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,867 917 21,037 24,246 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,036,512 1,143,079 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,008,535 544,090 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 212,328 213,999 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 118,920 126,783 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,339,783 884,872 -303,271 258,207 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or 1,624,649 1,250,295 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,327,059 685,226 22 Net assets or fund balances. Subtract line 21 from line 20 297,590 565,069 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here KATHLEEN ROSS PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid TIMOTHY A. SMALLEY, CPA TIMOTHY A. SMALLEY, CPA 05/15/24 self-employed P00540229 Preparer BYRD, SMALLEY & ADAMS, P.C. 63-1019234 Firm's name Firm's EIN **Use Only** PO BOX 2179 DECATUR, AL 35602-2179 256-353-1611 Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form	990 (2022) <b>UNITED WAY OF M</b>		63-0358762		Page 2
Pa	rt III Statement of Program Se				
	Check if Schedule O contain	ns a response or note to any	line in this Part III		<u></u>
	Briefly describe the organization's mission:				
F	UNDS DISTRIBUTION				
2	Did the organization undertake any significan	t program services during the year w	hich were not listed on the		
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services on Sch	edule O.			🗀 🗀
3	Did the organization cease conducting, or ma		ducts, any program		
•		•			Yes X No
	If "Yes," describe these changes on Schedul	 			
4	Describe the organization's program service		largest program services as	measured by	
7	expenses. Section 501(c)(3) and 501(c)(4) or				
	the total expenses, and revenue, if any, for $\epsilon$		amount of grants and anoca	iions to otners,	
	the total expenses, and revenue, if any, for the	each program service reported.			
4-	(Oada ) (Farance 6	745 441	F44 000	(D	1 206
		745,441 including grants of S		(Revenue \$	<b>4,386</b> )
	HE COLLECTION OF CONTR				
S	UBSEQUENT DISTRIBUTION	TO MEMBER ORGANIZ	ATIONS.		
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	(Code: ) (Expenses \$	including grants of s	D	(Revenue \$	)
IA	/A				
	• • • • • • • • • • • • • • • • • • • •				
4c	(Code: ) (Expenses \$	including grants of	\$	(Revenue \$	)
	/A				· · · · · · · · · · · · · · · · · · ·
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	•				
	•				
4d	Other program services (Describe on Sched	ule O.)			
	(Expenses \$ in	cluding grants of \$	) (Revenue \$		)
4e	Total program service expenses	745,441			

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		_
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		٠,,	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	441		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		x
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		_
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	x	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part IIIgarning activities on Part viii, line 9a?	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
	to defease any tax-exempt bonds?	24c		<del>                                     </del>
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	16 IIV/ca II campalata Calcadida I. Dart I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related and a 's at a O. K. War a second to Oak and to D. Dord V. Proc. O.	36		x
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	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

_Pa	irt v Statements Regarding Other IRS Filings and Tax Compliance (contin	uea)			Yes	No_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	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 Ad		• •				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			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		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
				6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or					
_	gifts were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		_		37	
	and services provided to the payor?			7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l_		₹.	
	required to file Form 8282?		1	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	10		7e 7f		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.  If the organization received a contribution of qualified intellectual property, did the organization file For					X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g 7h		X	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ü		•		8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the appropriate argenization make any toyoble distributions under section 40662			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:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	)	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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	1					
	the organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity			1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form 990 (2022) UNITED WAY OF MORGAN COUNTY Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. xSection A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	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?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
-	aupprojoing of officers, directors, trustops, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
, u	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
D	atalihaldara ar naranna athar than the governing had 2			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7.5		
	The governing hady?			00	Х	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		x
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	iiai n	evenue CC	ue.)	V	N <sub>2</sub>
100	Did the experimation have level shorters branches or efflicted?			100	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ne torr	n?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				3,5	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	<del></del>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	ction 50	)1(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)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st polic	;y,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls				
K.	ATHLEEN ROSS 115 FIRST AVENUE NE					
		-	050	2 -	<b>~</b> ~	-42

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, box 6 of 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 trustee	
---	--

				- 3			<u> </u>	· · · · · · · · · · · · · · · · · · ·	, ,	
(A) Name and title	(B) Average hours per week	box	x, unle icer a	Pos check ess pe nd a o	more rson	than one is both a or/trustee	in e)	( <b>D)</b> 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						$\dagger \dagger$				
	40.00									
PRESIDENT/CEO	0.00	X		X				85,526	0	0
(2) BILLY ALLEN										
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(3) ALLEN STOVER	0.00									
DOADD MEMBED	0.00	x						0	0	0
BOARD MEMBER (4) ANITA CLARK	0.00	<u> </u>				+		0	0	0
(4) ANTIA CLIMA	0.00									
BOARD MEMBER	0.00	x						0	0	0
(5) CLAUDIA COMPTION		† <del></del>								
(4)	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									
	<b>.</b>	\ <del></del>						0	0	0
BOARD MEMBER (9) LENDON HAGGARD	0.00	X				+		0	0	0
(9) LENDON HAGGARD	0.00									
BOARD MEMBER	0.00	x						0	0	0
(10) BETH HALES	0.00	+						•	J	
(.9,====================================	0.00									
BOARD MEMBER	0.00	x						0	0	0
(11) JOE HOLMES										
	0.00									
BOARD MEMBER	0.00	X						0	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	:mpi	oyee	s, a	ind Highest Compensated	Employees (continuea)			
(A) Name and title	(B) Average hours per week	bo off	Position (do not check more than one toox, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	of	(F) ted amount tother pensation	t
	(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 zation and organization	
(12) BRUCE JONES												
BOARD MEMBER	0.00	x						0	o			0
(13) BILLY KENNEDY	1											
BOARD MEMBER	0.00	x						0	o			0
(14) MARY JANE MIT	CHELL											
DONDO MEMBED	0.00	x						0	o			0
BOARD MEMBER (15) MARY JANE MIT		^						0	0			
	0.00											
BOARD MEMBER (16) CLAUDETTE OWE	0.00	X						0	0			0
(16) CLAUDETTE OWE	0.00											
CHAIR ELECT	0.00	х		x				0	0			0
(17) CHOLE PATTERS	0.00											
BOARD MEMBER	0.00	x						0	o			0
(18) KELLI POWERS												
DONDO MEMDED	0.00	x						0	o			0
(19) SARAH SMITH	0.00	^						0	0			
DOADD MEMBER	0.00											^
BOARD MEMBER  1b Subtotal	1	X						85,526	0			0
c Total from continuation shee		Secti	ion A	٩								
d Total (add lines 1b and 1c)								85,526	N400 000 - f			
2 Total number of individuals (increportable compensation from	•		0	nose	IIST	ed at	oove	) who received more than \$	\$100,000 of			_
3 Did the organization list any <b>fo</b>	rmer officer dire	actor	truc	too	kov	omn	lovo	e or highest compensated			Yes	No
employee on line 1a? If "Yes,"	complete Sched	lule .	J for	such	ind	ividua	al			3		х
4 For any individual listed on line organization and related organ												
individual										4		X
5 Did any person listed on line 1 for services rendered to the or										5	;	х
Section B. Independent Contracto												
1 Complete this table for your five compensation from the organization										ır.		
Name and	(A) business address							Descript	(B) tion of services		(C) Compensa	ition
							$\vdash$					
2 Total number of independent of	contractors (inclu	ding	but i	not li	mite	d to	thos	e listed above) who				
received more than \$100,000								,	0			

1 01111 000 (202	2) 01:1112 01 1101:014: 0001:11		****		ı ag
Part VIII	Statement of Revenue Check if Schedule O contains a response or note	to any line in thi	s Part VIII		- [
		(A)	(B)	(C)	(D)

		SHECK II	OCH	cadic O conta		a respon	isc of Hote	to arry in to in this	3 i ait vill		
								(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	aigns		1a						
iran	b	Membership due	-s		1b						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising eve	nts		1c						
ar /	d	Related organiza	ations		1d						
ä,ĕ		Government grants (co			1e						
Sis		f All other contributions, gifts, grants,									
her it		and similar amounts no			1f	1	,113,530				
Ęō	g	Noncash contributions lines 1a-1f			1g	s					
and	h	Total. Add lines						1,113,530			
		Total: 7 dd ii 100	14 11				Business Code	2,223,333			
۵.	2a	SERVICE FE	FS F(	OR DESIGNATIO	ONG		Business Code	2,711	2,711		
Program Service Revenue	b	RENTAL INC						1,675			1,675
je Se	C	• • • • • • • • • • • • • • • • • • • •						1,073			1,0,3
K M	4										
ğ	u										
ا تَ	f	All other program		ico rovonuo							
		Total. Add lines						4,386			
$\dashv$								1,500			
	3	3 Investment income (including dividends, interest, and other similar amounts)						917	-807		1,724
	4	Income from inv	,					517	007		1,721
	5										
	3	Noyailles		(i) Real			Personal				
	60	Cross roots	60	(i) Real		(11)	reisonal				
	6a		6a 6b			+					
	b	Less: rental expenses									
	C	Rental inc. or (loss)	6c								
	d Net rental income or (loss)  7a Gross amount from (i) Securities (ii) C										
		sales of assets (i) Securities		5	(1	i) Other					
		other than inventory	7a								
nue	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
		Gain or (loss)	7c								
Other	d	Net gain or (loss				<u></u>					
₽	8a	Gross income from	fundra	ising events							
		(not including \$									
		of contributions rep		n line							
		1c). See Part IV, lir			8a		47,215				
		Less: direct expe			8b		22,969				
		Net income or (I		_	events	<u> </u>		24,246			24,246
	9a	Gross income from	-	-							
		activities. See Pa			9a	1					
		Less: direct expe			9b						
	С	Net income or (I	oss) fr	om gaming activ	<u>ities</u> .						
	10a	Gross sales of ir	nvento	ry, less							
		returns and allow			10a	1					
	b	Less: cost of goo	ods so	old	10b						
	С	Net income or (le	oss) fr	om sales of inve	entory						
<u></u>							Business Code				
e e	11a										
Miscellaneous Revenue	b										
Sel Sel	С										
Σ		All other revenue									
	е	Total. Add lines	11a–′	11d							
	12	Total revenue.	See ir	nstructions				1,143,079	1,904	0	27,645

Page **10** 

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	<del></del>	Part IX		
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		.,,	3	
	and domestic governments. See Part IV, line 21	544,090	544,090		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	163,265	101,225	40,816	21,224
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,783	23,425	9,446	4,912 1,684
10	Payroll taxes	12,951	8,029	3,238	1,684
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	305	189	76	40
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	11,899	7,377	2,975	1,547
17	Travel	1,015	629	254	132
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.540	F 200	0.105	
20	Interest	8,548	5,300	2,137	1,111
21	Payments to affiliates	17,403	10.00	17,403	0.648
22	Depreciation, depletion, and amortization	20,364	12,626	5,091	2,647
23	Insurance				
24	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.)	20 600	17 707	7 170	2 700
a	CONTRACT SERVICES	28,688	17,787	7,172	3,729
b	MISCELLANEOUS	11,405	7,071	2,851	1,483
C	SUPPLIES MAINTENANCE	11,371	7,050	2,843	1,478 956
d	EQUIPMENT MAINTENANCE	7,351 8,434	4,557	1,838 1,545	803
e 25	All other expenses	884,872	6,086 745,441	97,685	41,746
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	004,072	/43,441	31,005	±1,/40
_3	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

#### Part X Balance Sheet

P	art )	K Balance Sheet  Check if Schedule O contains a response or note	e to any line in	this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			835,329	1	448,703
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			364,475	4	377,111
	5	Loans and other receivables from any current or former	er officer, direct	or,			
		trustee, key employee, creator or founder, substantial of	contributor, or	35%			
		controlled entity or family member of any of these pers	ons			5	
	6	Loans and other receivables from other disqualified pe					
S.		under section 4958(f)(1)), and persons described in se	ection 4958(c)(	3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
ä	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	547,037			
	b	Less: accumulated depreciation	10b	122,556	424,845	10c	424,481
	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 line	33)		1,624,649	16	1,250,295
	17	Accounts payable and accrued expenses			50,528	17	51,804
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
S	22	Loans and other payables to any current or former office	cer, director,				
Liabilities		trustee, key employee, creator or founder, substantial of					
jabi		controlled entity or family member of any of these pers	ons			22	
_	23	Secured mortgages and notes payable to unrelated this	rd parties		234,339	23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	to related third	b			
		parties, and other liabilities not included on lines 17-24	). Complete Pa	art X			
		of Schedule D			1,042,192	25	633,422
	26	Total liabilities. Add lines 17 through 25			1,327,059	26	685,226
		Organizations that follow FASB ASC 958, check he	ere X				
Š		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Net assets without donor restrictions			232,862	27	469,071
Ä	28	Net assets with donor restrictions		,	64,728	28	95,998
oun		Organizations that do not follow FASB ASC 958, c	heck here				
		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
Assets	30	Paid-in or capital surplus, or land, building, or equipme				30	
As	31	Retained earnings, endowment, accumulated income,			200 500	31	FCF 0C0
Net	32	Total net assets or fund balances			297,590	32	565,069
	33	Total liabilities and net assets/fund balances			1,624,649	33	1,250,295

Form **990** (2022)

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	1,1	43,0	079
2	Total expenses (must equal Part IX, column (A), line 25)	2		84,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		58,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2:	97,	<u>590</u>
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,	272
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	5	65,0	069
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		Х
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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** (2022)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpı	oyee	s, a	ind Highest Compensated	Employees (continuea)			
(A) Name and title	(B) Average hours per week	bo off	x, unle	Pos check ess pe	rson i	than c s both or/truste	an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	o	(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)	fr organ	om the ization and organizatior	ns
(20) SANDRA STEPHE	NSON 0.00											
BOARD MEMBER	0.00	х						0	0			0
(21) WENDY TAYLOR	0.00											
CHAIR	0.00	x		x				0	o			0
(22) MICHELE TERRY	1											
DOADD MEMBED	0.00											^
BOARD MEMBER (23) TRACY THORNTO	0.00 N	X						0	0			0
	0.00											
BOARD MEMBER (24) ANNA BETH TRA	0.00	X						0	0			0
(24) ANNA BEIN IRA	0.00											
BOARD MEMBER	0.00	X						0	0			0
(25) DARRELL WATES	0.00											
TREASURER	0.00	х		х				0	0			0
(26) DONNA WHITTEN												
SECRETARY	0.00	x		x				0	o			0
(27) MEAGAN YARBRO	UGH											
BOARD MEMBER	0.00	x						0	0			0
1b Subtotal	1	•						J	0			
c Total from continuation shee	ets to Part VII,	Secti	ion A	١								
d Total (add lines 1b and 1c) .  Total number of individuals (inc	cluding but not li							) who received more than 9	[] \$100,000, of			
reportable compensation from	•				, 1100			, who rederved more than t				- Nia
3 Did the organization list any fo	rmer officer, dire	ector	, trus	stee,	key	emp	loye	e, or highest compensated			Yes	No
employee on line 1a? <i>If</i> "Yes,"  4 For any individual listed on line	complete Sched	lule .	J for	such	ind	ividua	a/		rom the		;	
organization and related organ	nizations greater	than	\$15	0,00	0? <i>It</i>	"Yes	s," co	omplete Schedule J for suc	h			
<ul><li>individual</li><li>5 Did any person listed on line 1</li></ul>	a receive or acc	rue (	com	ensa	ation	from	 anv	v unrelated organization or	individual		1	
for services rendered to the or	rganization? If "Y									:	<u>;                                    </u>	
Section B. Independent Contractor  1 Complete this table for your fix		nsa	ted ii	nden	ende	ent co	ntra	actors that received more th	nan \$100 000 of			
compensation from the organiz	zation. Report co							ar year ending with or withir	n the organization's tax yea	ır.	(0)	
Name and	(A) business address							Descript	(B) lion of services		(C) Compensa	tion
					_							
2 Total number of independent of							those	e listed above) who				

#### **SCHEDULE A**

(Form 990)

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.

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

UNITED WAY OF MORGAN COUNTY

Employer identification number 63-0358762

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ns.	
Γhe	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)(ii). (Attach Schedule E (Form		. , ,			
3	П		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	П	•	• •	in conjunction with a hospital de		,,,,,,,,	•	spital's name.	
	ш	city, and state	-	, , , , , , , , , , , , , , , , , , , ,				-,	
5	$\Box$	•		f a college or university owned of	or onerate	d by a go	overnmental unit described in		
Ū	ш	_	(b)(1)(A)(iv). (Complete Part		operate	a by a go	Wernineritär ariit described iii		
6	$\Box$			overnmental unit described in <b>se</b>	ection 17	0/b)/1\/Δ\	(v)		
7	x			substantial part of its support from					
•		-	section 170(b)(1)(A)(vi). (Co		ii a govei	ililicilai (	anit of from the general public		
8	$\Box$			1 <b>70(b)(1)(A)(vi).</b> (Complete Part I	II )				
9	Н	-		cribed in section 170(b)(1)(A)(i)		d in coni	unction with a land-grant college	Δ	
3	ш	•	•	f agriculture (see instructions). E		-		C	
		university:				iarrio, oity	, and state of the conoge of		
10	$\Box$			more than 33 1/3% of its suppo		ontribution	s. membership fees, and gross		
	ш	•	•	pt functions, subject to certain ex					
		support from	gross investment income an	d unrelated business taxable inc	ome (less	section	511 tax) from businesses		
	_	acquired by the	he organization after June 30	), 1975. See <b>section 509(a)(2).</b>	(Complet	e Part III.	)		
11	Ш	An organization	on organized and operated e	exclusively to test for public safet	ty. See <b>s</b> e	ection 50	9(a)(4).		
12	Ш	An organization	on organized and operated e	exclusively for the benefit of, to pe	erform the	function	s of, or to carry out the purpose	es of	
				ons described in section 509(a)				Check	
			ŭ	scribes the type of supporting org	•				
	а			erated, supervised, or controlled	, ,	•		9	
			• ', '	er to regularly appoint or elect a		of the dire	ectors or trustees of the		
		_ ``	• •	omplete Part IV, Sections A ar					
	b			pervised or controlled in connect					
			•	ing organization vested in the sa	ame perso	ons that c	ontrol or manage the supported	1	
		_ `	ion(s). You must complete				and for all a late and a late	L	
	С			supporting organization operated tructions). <b>You must complete</b> I				n,	
	d		• , , ,	I. A supporting organization oper				n(e)	
	u	ш	, ,	organization generally must sat				* *	
			• •	nust complete Part IV, Section	-		•		
	е	_ ·	,	eived a written determination from					
				n-functionally integrated supporti					
	f	Enter the nur	mber of supported organization	ons					
	g	Provide the fo	ollowing information about th	e supported organization(s).					
(i	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10	1 ,	ur governing	support (see	other support (see	
				above (see instructions))		nent?	instructions)	instructions)	
<b>/*</b> \					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Γota									

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.)

Sec	tion A. Public Support			· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,424,592	1,463,824	1,422,345	1,007,569	1,113,530	6,431,860
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,424,592	1,463,824	1,422,345	1,007,569	1,113,530	6,431,860
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2 775 602
6	Public support. Subtract line 5 from line 4						3,775,693
	etion B. Total Support						2,656,167
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4	1,424,592	1,463,824	1,422,345	1,007,569	1,113,530	6,431,860
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,894	1,918	3,273	1,867		23,676
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	37,137	24,608	726	45,279	28,632	136,382
11	<b>Total support.</b> Add lines 7 through 10						6,591,918
12	Gross receipts from related activities, etc.						8,475
13	First 5 years. If the Form 990 is for the or	-	econd, third, fourth,	or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here						
	tion C. Computation of Public S					T T	
14	Public support percentage for 2022 (line 6,	column (f) divided	by line 11, column	ı (f))		14	40.29 %
15	Public support percentage from 2021 Sche						41.37 %
	<b>33 1/3% support test—2022.</b> If the organ box and <b>stop here.</b> The organization quality	fies as a publicly s	upported organizat	ion			X
b	<b>33 1/3% support test—2021.</b> If the organ this box and <b>stop here.</b> The organization of	qualifies as a public	cly supported orga	nization			
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization meet Part VI how the organization meets the fac	22. If the organization of the facts-and-circumstance of the facts of	on did not check a umstances test, ch es test. The organ	box on line 13, 16a eck this box and <b>s</b> ization qualifies as	a, or 16b, and line stop here. Explain a publicly support	14 is in ed	
	organization	Maritan and the state of the st					Ц
b	10%-facts-and-circumstances test—202	•					
	15 is 10% or more, and if the organization in Part VI how the organization meets the	facts-and-circumsta	inces test. The org	anization qualifies	as a publicly supp	orted	
	organization						Ц
18	<b>Private foundation.</b> If the organization dicinstructions						

## 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	, ,		, 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(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 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
800	line 6.)						
	tion B. Total Support	(=) 0040	(h) 0040	(-) 2000	(4) 2024	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	•	· · ·		` , ,	,	
Sec	organization, check this box and stop here tion C. Computation of Public Se	unnort Percen	tage				<u> </u>
<u>360</u> 15	Public support percentage for 2022 (line 8,	<u> </u>		n (f))		15	%
16	Public support percentage from 2021 Sche	dule A Part III lin	ı by iine 13, colum ≥ 15	'' ('))		16	<del>//</del> //////////////////////////////////
	tion D. Computation of Investme						/0_
<u> </u>	Investment income percentage for 2022 (li			. column (f))		17	%
 18	Investment income percentage from 2021	Schedule A. Part II	I, line 17	, -3 ('//		18	<del></del>
19a	33 1/3% support tests—2022. If the orga	nization did not che	eck the box on line	14, and line 15 is	more than 33 1/39	6, and line	
	17 is not more than 33 1/3%, check this bo						🔲
b	33 1/3% support tests—2021. If the orga		-		-		_
	line 18 is not more than 33 1/3%, check this						🔟
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this box	x and see instruction	ons	

#### Supporting Organizations Part IV

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

#### Section A. All Supporting Organizations

_	
	class or purpose, describe the designation. If historic and continuing relationship, explain.
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
1	Are all of the organization's supported organizations listed by name in the organization's governing

- 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Sche	10b edule A	\ (Form 9	990) 2022

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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			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	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			
	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			
	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,			
Socti	supervised, or controlled the supporting organizations.	2		
Secu	on 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		162	No
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
Socti	supported organizations played in this regard.  on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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 Organical	<u>aniza</u>	tions				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.				
Sect	Section A – Adjusted Net Income (A) Prior Year						
	on A - Adjusted Net income		(A) I noi Teal	(optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	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 Ty	ype III	supporting organization				

Schedule A (Form 990) 2022

(see instructions).

UNITED WAY OF MORGAN COUNTY 63-0358762 Schedule A (Form 990) 2022 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable

0000	ion E Distribution Anobations (See motivations)	Exocos Distributions		Distributable
			Pre-2022	Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
	From 2021			
	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

UNITED WAY OF MORGAN COUNTY 63-0358762 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, LINE 10 - OTHER INCOME DETAIL SPECIAL EVENTS 96,636 SERVICE FEES 6,971 \$ 32,775 OTHER CONTRIBUTIONS

DAA Schedule A (Form 990) 2022

#### Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

UNITED WAY OF MORGAN COUNTY 63-0358762 Organization type (check one): Filers of: Section: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Schedule B (Form 990) (2022)

Page 2

Name of organization

UNITED WAY OF MORGAN COUNTY

Employer identification number 63-0358762

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	\$ 515,710	Person Payroll 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	\$ 152,781	Person Payroll 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	\$ 96,248	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  ASCEND PERFORMANCE MATERIALS 1050 CHEMSTRAND AVENUE  DECATUR AL 35601	Total contributions  \$ 42,179	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	DECATUR UTILITIES PO BOX 2232 DECATUR AL 35602	\$ 43,647	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COMMUNITY ACTION PARTNERSHIP 107 2ND AVE NE DECATUR AL 35601	\$ 33,450	Person Payroll X Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

UNITED WAY OF MORGAN COUNTY

Employer identification number 63-0358762

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	CONTRACTOR SERVICE & FABRICATION 3428 HWY 20 DECATUR AL 35601	\$ 24,750	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	3M PO BOX 2206 DECATUR AL 35609	\$ 34,801	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
		\$	Person Payroll 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### 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.

2022 Open to Public

Inspection

Employer identification number Name of the organization UNITED WAY OF MORGAN COUNTY 63-0358762 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 a Total number of conservation easements 2a 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 July 25, 2006, 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

_	art III Organizations Maintaining			Treasures.	or Other Sim	nilar Asse	ets (contin		age Z
3	Using the organization's acquisition, accession collection items (check all that apply):		•	•			(**************************************	<u></u>	
а	Public exhibition	d $\square$	Loan or exchange	program					
b	Scholarly research		Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's	exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other s	similar				_
	assets to be sold to raise funds rather than to	be maintained as p	art of the organizat	ion's collection?			🗌 Ye	es _	No
Pa	art IV Escrow and Custodial Ari	rangements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes"	' on Form 990,	Part IV, line 9	9, or reported	an amou	nt on Forn	1	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets	not				
	included on Form 990, Part X?						\ \ Ye	es 🗍	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or o	custodial account	t liability?		\ \ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	rt XIII				
Pa	art V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	ars back (d)	Three years bac	k <b>(e)</b> Fou	r years	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered	for the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?	?			3b		
	Describe in Part XIII the intended uses of the								
Pa	art VI Land, Buildings, and Equ								
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 1	11a. See Forr	n 990, Pa	ırt X, line 1	0.	
	Description of property	(a) Cost or other	basis (b) Cos	t or other basis	(c) Accumula	ated	(d) Book	value	
		(investment)		(other)	depreciatio	n			
1a	Land			29,955				29,	955
b	Buildings								
С	Leasehold improvements								
	Equipment			517,082	122	2,556	3	94,	526
е	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			4	24,	481

,	orm 990) 2022 UNITED WAY OF MORGAN C	COUNTY	63-0358/62	Page 3
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on F	orm 990. Part IV. lii	ne 11b. See Form 990. Part X	. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book Value	Cost or end-of-year market	
(1) Financial (			·	
(1) Financial (	derivatives			
(2) Other	eld equity interests			
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on F	form 990, Part IV, lin	ne 11c. See Form 990, Part X	, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	on:
			Cost or end-of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	m (h) must squal Form 000 Port V and (D) line 12			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
rait ix	Complete if the organization answered "Yes" on F	Form 000 Part IV liv	no 11d Soo Form 000 Part V	lino 15
	(a) Description	OIII 990, I ait IV, III	The Tru. See Form 990, Fait A	(b) Book value
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on F	Form 990, Part IV, lii		Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			F20 (F2
,	ATIONS PAYABLE TO AGENCIES			539,653
` ,	NATIONS PAYABLE			93,769
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) marint annual Forms (OO) Port V and (P) Free (OF)			632 422
•	n (b) must equal Form 990, Part X, col. (B) line 25.)	oto to the organization!	financial statements that was at the	633,422

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 99		nue per Return.	
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	1,143,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
– a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,143,079
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:			, -,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,143,079
Pa	rt XII Reconciliation of Expenses per Audited Financial St			
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.	•	
1	7.1		1	884,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			884,872
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	
	Add lines 4s and 4h			884,872
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.		5	884,872
<b>5</b> <b>Pa</b> Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and 2b; Par	t V, line 4; Part X, line tition.	
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Schedule D (Fo	orm 990) 2022 <b>T</b>	UNITED	WAY	OF	MORGAN	COUNTY	63-0358762	Page <b>5</b>
Part XIII	Supplementa	I Inform	ation (d	contin	ued)			
• • • • • • • • • • • • • • • • • • • •								

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990 Part IV line 17, 18 or 19 or if the

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number UNITED WAY OF MORGAN COUNTY 63-0358762 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 C 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 63-0358762 Schedule G (Form 990) 2022 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 47,215 47,215 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 47,215 47,215 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses 7 Food and beverages 8 Entertainment ..... 22,969 22,969 9 Other direct expenses 22,969 10 Direct expense summary. Add lines 4 through 9 in column (d) 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	dule G (Form 990) 2022	UNITED	WAY	OF	MORGAN	COUNTY	63-0358762			Page	3
11	Does the organization cond	luct gaming ac	tivities wi	ith non	members?				Yes		— No
12	Is the organization a granto										
	-								Yes	$\Box$	No
13	Indicate the percentage of							ш		ш	
a							13a			0/	6
	An autoida facility										
	An outside lacility						<u>13b</u> _			70	6_
14	Enter the name and addres	s of the persor	n who pr	epares	the organizat	ion's gaming/spe	ecial events books and				
	records:										
	Name										
	Address										
15a	Does the organization have	a contract with	n a third	party f	rom whom the	organization re	ceives gaming				
	revenue?								Yes		No
b	If "Yes," enter the amount of	of gaming rever	nue recei	ved by	the organizat	ion \$	and the				
	amount of gaming revenue										
С	If "Yes," enter name and ad	•	•	-			•••				
-											
	Name										
	Address										
	7.ddi 000										
16	Gaming manager information	nn.									
10	Carriing manager information	JII.									
	Namo										
	Name										
	Coming manager company	ation ¢									
	Gaming manager compens	аноп ф									
	Description of continue pro-	بنطمط									
	Description of services prov	/lueu									
	Director/officer	Employ	100		Indopond	lent contractor					
	Director/officer		yee		Шписрепи	eni contractor					
17	Mandatan, diatributiona										
17	Mandatory distributions:				era tata merapakan		ante o monero de la				
а	Is the organization required					•	3.			П.	
	retain the state gaming lice	nse?						Ш	Yes	Ш'	No
b						ited to other exe	mpt organizations or				
_	spent in the organization's of					\$					_
Pa							d by Part I, line 2b, columns (iii) and (v		nd		
			15b, 15	ic, 16	, and 17b,	as applicable	. Also provide any additional informatio	n.			
	See instruction	ns.									
											• •
											• • •

Schedule G (Form 990) 2022

#### 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

2022

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF MORGAN COUNTY 63-0358762 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 (h) Purpose of grant (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (a) Description of 1 (book, FMV, appraisal, section noncash assistance or assistance or government grant noncash assistance other) (if applicable) (1) AMERICAN RED CROSS 400 14TH ST, STE EMERGENCY ASSISTANCE DECATUR AL 35601 53-0196605 501C3 34,705 (2) ARC OF MORGAN COUNTY 2234 GRAHAM AVE SW SUPPORT RETARDATION DECATUR AL 35601 23-7447641 501C3 27,872 (3) BOYS & GIRLS CLUB P.O. BOX 1431 SUPPORT YOUTH 63-0389942 | 501C3 DECATUR AL 35602 54,042 (4) CAP-FOSTER GRANDPARENTS/SENIOR COMP 1909 CENRAL PARKWAY SUPPORT ELDERLY 63-0514875 | 501C3 11,530 DECATUR AL 35601 (5) CENTER FOR DEVELOP. DISABLED 1602 CHURCH ST SE SUPPORT RETARDATION 12,793 DECATUR AL 35601 63-1079786 501C3 (6) CHILD ADVOCACY CENTER PO BOX 2006 SUPPORT ABUSED **DECATUR** AL 35602 47-0914970 501C3 24,658 (7) COMMUNITY ACTION PARTNERSHIP-MEALS 1909 CENRAL PARKWAY SUPPORT LOW INCOME AL 35601 DECATUR 63-0514875 501C3 62,660 (8) COMMUNITY FREE CLINIC 245 JACKSON STREET SE SUPPORT LOW-INCOME 72-1526129 501C3 DECATUR 22,169 AL 35601 (9) CRISIS SERVICES OF NORTH ALABAMA P.O. BOX 368 SUPPORT ABUSED HUNTSVILLE AL 35804 63-0841545 | 501C3 37,261 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

▶ 0

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MORGAN COUNTY 63-0358762

Part I General Information on Grants an	d Assistance							
1 Does the organization maintain records to substantiate t	he amount of the gr	ants or assi	istance, the grantees' e	ligibility for the grants	or assistance, and			1.,
the selection criteria used to award the grants or assista  Describe in Part IV the organization's procedures for mo	nce?	rant funds i	in the United States					」Yes □ No
Part II Grants and Other Assistance to D				overnments Con	nolete if the ora	anization answ	vered "Yes"	on Form 990
Part IV, line 21, for any recipient that							70104 100	on romi coo,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) F	Purpose of grant
or government		section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		r assistance
(1) FAMILIES & CHILDREN EXPER. SEP								
507 14TH ST SE							SUPPORT	<b>FAMILIES</b>
DECATUR AL 35601	72-1355615	501C3	30,091					
(2) GIRL SCOUTS								
105 HEATHERBOOKE PARK DR							SUPPORT	YOUTH
BIRMINGHAM AL 35242	63-0288835	501C3	6,000					
(3) HABITAT FOR HUMANITY								
1123 CENTRAL PARKWAY SW							SUPPORT	LOW INCOME
DECATUR AL 35601	63-1030915	501C3	6,975					
(4) MENTAL HEALTH ASSOCIATION								
207 COMMERCE CIRCLE SW							SUPPORT	RETARDATION
DECATUR AL 35601	63-0517185	501C3	36,937					
(5) MENTAL HEALTH CENTER OF NCA								
1316 SOMERVILLE RD SE							SUPPORT	RETARDATION
DECATUR AL 35601	63-0521653	501C3	22,716					
(6) MORGAN COUNTY RESCUE SQUAD								
112 MILL STREET							EMERGENC	Y ASSISTANCE
DECATUR AL 35603	57-0887783	501C3	14,400					
(7) MORGAN COUNTY SYSTEM OF SERVICES								
PO BOX 1124							SUPORT E	FAMILIES
DECATUR AL 35602	76-0703008	501C3	14,381					
(8) MOSAIC								
1410-C 7TH AVE SE							SUPPORT	YOUTH
DECATUR AL 35601	63-0358762	501C3	14,965					
(9) PACT								
PO BOX 1247							SUPPORT	FAMILIES
DECATUR AL 35602	63-0770591		16,622				Т.,	
2 Enter total number of section 501(c)(3) and government	-	in the line	1 table				🟲	
3 Enter total number of other organizations listed in the lin	e 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

Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants and							63-0358762
Part I General Information on Grants and  1 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistant period of the procedures for monoportal in Part II Grants and Other Assistance to Does in Part I	e amount of the grace?itoring the use of g	grant funds	in the United States.				
Part IV, line 21, for any recipient that							wered res on ronn 550,
(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 '' '
(1) THE SALVATION ARMY 100 AUSTINVILLE RD SW DECATUR AL 35601	58-0660607	501C3	39,253				SUPPORT LOW INCOME
(2) VOLUNTEER CENTER 811 2ND AVE SE, STE 1 DECATUR AL 35601	63-0771057	501C3	39,000				SUPPORT LOW INCOME
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<ul> <li>Enter total number of section 501(c)(3) and government of</li> <li>Enter total number of other organizations listed in the line</li> </ul>		in the line	1 table				<b>&gt;</b>

\_\_\_\_\_**>** 

	rants and Other Assistance to		als. Complete if the o	organization answered	d "Yes" on Form 990, Part	IV, line 22.
	art III can be duplicated if addition				1	
(a) ⊺	ype of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
4						
1						
2						
3						
5						
6						
7						
Part IV S	upplemental 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

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.

Open to Public Inspection

Name of the organization UNITED WAY OF MORGAN COUNTY

63-0358762

Employer identification number

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
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FYE: 6/30/2023

# 02628 United Way of Morgan County Federal Asset Report Form 990, Page 1

05/15/2024 3:38 PM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	<u>Prior</u>	Current
20 35 50 51 63 65 66 81 84 87 89 90 91	5 Drawer File Cabinet 2-Drawer Vertical File Cabinet Board Room Table 12 Board Room Chairs Chair @ June's Desk File Cabinet in Sherry's Office Campaign Software 2000 F-150 (donated) Office Furniture DeskDonated New Server Conference Tables and Chairs Sign for Building Land	12/20/91 2/15/95 6/01/00 6/01/00 3/01/04 3/01/04 3/29/04 8/03/10 9/30/10 11/01/12 3/31/15 8/17/16 8/31/16 7/16/16	125 135 1,000 120 300 100 4,750 4,350 1,500 1,000 4,285 6,580 1,000 317,545		125 135 1,000 120 300 100 4,750 4,350 1,500 1,000 4,285 6,580 1,000 317,545	10 MO S/L 10 MO S/L 5 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 9 MO S/L	125 135 1,000 120 300 100 4,750 4,350 1,500 1,000 4,285 5,483 833 48,879	0 0 0 0 0 0 0 0 0 0 0 0 940 143 8,142
93 94 95 96 97	Land Building Renovations HVAC 2019 Nissan Rogue Lightwire Solutions Computer Hardware Total Other Depreciation	7/16/16 4/30/19 11/01/18 7/10/19 3/11/22	29,955 130,075 10,400 23,817 10,000 547,037		29,955 130,075 10,400 23,817 10,000 547,037	0 Land 39 MO S/L 10 MO S/L 5 MO S/L 5 MO S/L	0 10,562 3,813 14,290 667 102,192	0 3,335 1,040 4,763 2,000 20,363
	Total ACRS and Other Depre	- eciation =	547,037		547,037		102,192	20,363
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	547,037 0 0 547,037		547,037 0 0 547,037		102,192 0 0 102,192	20,363 0 0 20,363

02628 United Way of Morgan County
63-0358762 **Depreciation Adjustment Report** 05/15/2024 3:38 PM **All Business Activities** FYE: 6/30/2023 AMT Adjustments/ Form Unit Asset Description Tax AMT Preferences There are no assets that meet the criteria of this report

02628 United Way of Morgan County
63-0358762 Future Depreciation Report FYE: 6/30/24

05/15/2024 3:38 PM

Form 990, Page 1 FYE: 6/30/2023

Asset	Description	Date In Service	Cost	Tax	AMT
Other ]	Depreciation:				
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	157	0
91	Sign for Building	8/31/16	1,000	24	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	4,764	0
97	Lightwire Solutions Computer Hardware	3/11/22	10,000	2,000	0
98	Printer - Donated	9/22/23	0	0	0
	<b>Total Other Depreciation</b>		547,037	19,462	0
	Total ACRS and Other Depreciation	n	547,037	19,462	0
	Grand Totals		547,037	19,462	0

Form **990** 

Name

**Two Year Comparison Report** 

07/01/22 06/30/23 For calendar year 2022, or tax year beginning ending

Taxpayer Identification Number

2021 & 2022

τ	JNITED WAY OF MORGAN COUNTY				63-03	358762
			2021	2022		Differences
	1. Contributions, gifts, grants	1.	990,179	1,113	3,530	123,351
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	17,390			-17,390
n e	4. Program service revenue	4.	6,039	•	4,386	-1,653
e n	5. Investment income	5.	1,867		917	-950
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	21,037	24	4,246	3,209
	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.	1,036,512	1,143	3,079	106,567
	13. Grants and similar amounts paid	13.	1,008,535	544	4,090	-464,445
	14. Benefits paid to or for members	14.				
S	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.				
s	16. Salaries, other compensation, and employee benefits	16.	212,328	21:	3,999	1,671
е	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	3,512		305	-3,207
ш	19. Occupancy, rent, utilities, and maintenance	19.	10,962	13	1,899	937
	20. Depreciation and Depletion	20.	19,030		0,364	1,334
	21. Other expenses	21.	85,416		4,215	8,799
	22. Total expenses. Add lines 13 through 21	22.	1,339,783	884	4,872	-454,911
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-303,271	258	3,207	561,478
	24. Total exempt revenue	24.	1,036,512	1,143	3,079	106,567
	25. Total unrelated revenue	25.				
io	26. Total excludable revenue	26.	28,943		9,549	606
Information	27. Total assets	27.	1,624,649	1,250	295	-374,354
for	28. Total liabilities	28.	1,327,059	68	5,226	-641,833
드	29. Retained earnings	29.	297,590	56!	5,069	267 <b>,</b> 479
her	<b>30.</b> Number of voting members of governing body	30.	28	28		
ŏ	31. Number of independent voting members of governing body	31.	28	28		
	22 Number of employees	22	Λ			

32.

33.

32. Number of employees

33. Number of volunteers

80

6

80

Form 990

Tax Return History

2022

Name

UNITED WAY OF MORGAN COUNTY

Employer Identification Number 63-0358762

2018 2019 2020 2021 2022 2023 1,463,824 Contributions, gifts, grants 1,424,592 1,448,708 1,007,569 1,113,530 Membership dues 13,983 13,408 13,952 6,039 4,386 Program service revenue -165 8,000 Capital gain or loss 1,076 Investment income ..... 1,918 3,273 1,867 917 -13,226 37,137 3,200 21,037 24,246 Fundraising revenue (income/loss) Gaming revenue (income/loss) Other revenue Total revenue ..... 1,476,623 1,452,707 1,036,512 1,490,350 1,143,079 1,351,911 1,452,708 1,008,535 563,726 544,090 Grants and similar amounts paid Benefits paid to or for members 75,449 78,944 Compensation of officers, etc. 127,393 239,298 212,328 213,999 148,211 Other compensation 49,850 37,236 82,233 3,512 305 Professional fees 11,899 11,178 15,840 10,292 10,962 Occupancy costs 14,984 18,363 18,363 19,030 20,364 Depreciation and depletion Other expenses 89,083 68,331 75,109 85,416 94,215 1,719,848 Total expenses 975,648 1,833,006 1,339,783 884,872 -243,225 Excess or (Deficit) -380,299 -303,271 258,207 514,702 1,476,623 1,490,350 1,452,707 1,036,512 1,143,079 Total exempt revenue Total unrelated revenue 52,031 26,526 28,943 29,549 3,999 Total excludable revenue 1,967,127 1,872,834 2,068,121 1,624,649 1,250,295 Total Assets \_\_\_\_\_\_ 1,467,260 1,500,669 891,674 1,327,059 685,226 Total Liabilities .....\_\_\_\_ Net Fund Balances 466,458 981,160 600,861 297,590 565,069

02628 United Way of Morgan County
Federal Statements

5/15/2024 3:38 PM

FYE: 6/30/2023

## **Taxable Interest on Investments**

Description						
	 Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME						
	\$ 1,724		14			
TOTAL	\$ 1,724					

02628 United Way of Morgan County

63-0358762

FYE: 6/30/2023

## **Federal Statements**

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

Description	E:	Total xpenses	Program Service	agement & General	Fund aising
TELEPHONE SHIPPING & POSTAGE CAMPAIGN EXPENSES	\$	6,179 1,221 1,034	\$ 3,831 1,221 1,034	\$ 1,545	\$ 803
TOTAL	\$	8,434	\$ 6,086	\$ 1,545	\$ 803

02628 United Way of Morgan County

63-0358762

## **Federal Statements**

FYE: 6/30/2023

## Schedule A, Part II, Line 1(e)

Description	Amount
COMMUNITY CRISIS FUND	\$ 20,000
NON-CASH PROFESSIONAL SERVICES	
OTHER CAMPAIGN CONTRIBUTIONS	17,720
DAIKIN AMERICA	
CASH CONTRIBUTION	515,710
PUBLIX SUPERMARKET	4-0 -04
CASH CONTRIBUTION	152,781
INDORAMA VENTURES XYLENES & PTA LLC	25.242
CASH CONTRIBUTION	96,248
ASCEND PERFORMANCE MATERIALS	40 170
CASH CONTRIBUTION	42,179
DECATUR UTILITIES CASH CONTRIBUTION	43,647
TURNER INDUSTRIES GROUP	43,047
CASH CONTRIBUTION	22,046
COMMUNITY ACTION PARTNERSHIP	22,010
CASH CONTRIBUTION	33,450
CONTRACTOR SERVICE & FABRICATION	33,130
CASH CONTRIBUTION	24,750
GENERAL ELECTRIC	,
CASH CONTRIBUTION	1,651
3M	
CASH CONTRIBUTION	34,801
TORAY COMPOSITE	
CASH CONTRIBUTION	16,859
TORAY FLUOROFIBERS	
CASH CONTRIBUTION	13,138
THE DECATUR DAILY	
CASH CONTRIBUTION	15,660
ITW SEXTON	10.050
CASH CONTRIBUTION	10,250
INTERNATIONAL PAPER	2 260
CASH CONTRIBUTION UPS STORE	3,360
CASH CONTRIBUTION	10,000
FITE BUILDING COMPANY	10,000
CASH CONTRIBUTION	14,220
UNITED LAUNCH ALLIANCE	11,220

02628 United Way of Morgan County 63-0358762

**Federal Statements** 

5/15/2024 3:38 PM

FYE: 6/30/2023

Schedule A, Part II, Line 1(e) (continued	<b>Schedule</b>	A, Part	II, Line '	1(e)	(continued)
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Description	 Amount
CASH CONTRIBUTION	\$ 12,435
HEXCEL	
CASH CONTRIBUTION	2,625
LYNN OZIER	
CASH CONTRIBUTION	10,000
TOTAL	\$ 1,113,530

## Schedule A, Part II, Line 12 - Current year

Description	 Amount
SERVICE FEES FOR DESIGNATIONS LOSS ON INVESTMENT	\$ 2,711 -807
TOTAL	\$ 1,904