Form **990**

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

Inspection

A	For the 2018 calendar year, or tax year beginning 07-01 , 2018, and ending 06-30 , 2019										
В	Check if app		olicable:	C Name of organization UNITED WAY OF NORTHERN ARIZONA INC						Employer identification no.	
	Addre	Address change		Doing business as							86-0211666
	Name	me change		Number and street (or P.O. box if mail is not delivered to street address)					Room/suite		Telephone number
	Initial ı	return		1515 E CEDAR AVE SUITE D-1							(928) 773-9813
	Final r	eturn/	terminated	City or town, state or province, country, and ZIP or foreign postal code						G	Gross receipts
П	Ameno	ded re	eturn	FLAGSTAFF, AZ 86004							\$ 2,328,143
Ī			pending	F Name and address of principal officer: CAROL DYKES					H(a) Is this a group return for subordinates? Yes X No		
	••			SAME AS C ABOVE					H(b) Are all subordinates included? Yes No		
	Tax-ex	empt	status: X	501(c)(3)				If "No," attach a list. (see instructions)			
			:: ► N/A						H(c) Group exemption number		
K			anization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 1					Year of formation: 19	·		
Part I Summary											
1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY MOBILIZING CONTROL OF THE PROVING LIVES BY MOBILIZING CON											COMMINITER TO
Governance			-	-		•					
		_	CREATE LASTING CHANGES IN COMMUNITY CONDITIONS. UNITED WAY OF NORTHERN ARIZONA (UWNA) CARRIES OUT IT'S MISSION BY FOCUSING ON THEE ACTION AREAS: EDUCATION, INCOME AND HEALTH -								
'na		_	THE BUILDING BLOCKS FOR A GOOD LIFE								
Ve	2	_	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.								
ဗွ	3			-	THOIC triain 2078 of it		3	ا ء			
ŏ				-	_	ning body (Part VI, line of the governing body				4	20
Activities &	5			-	-	calendar year 2018 (F				5	20
Ĭ					(estimate if ne	,				6	9
Ac	6				`	• /				7a	
	'					art VIII, column (C), li				7b	0
		יו ט	vet urrrelated	let unrelated business taxable income from Form 990-T, line 38						70	0
	١,			/F	Danit VIII. Iliaa d	L		-	Prior Year		Current Year
a	8			• ,	Part VIII, line 1				2,103	, 366	2,195,486
ă	١	9 Program service revenue (Part VIII, line 2g)								0	
Revenue	10									, 446	,
ď			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						92,03		
	12								2,222,84		
	13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)						1,253,3		1,363,426
	14		-	nbers (Part IX,				0			
ģ	15			-	benefits (Part IX, colu		628	, 932	615,968		
Expenses	16			-		lumn (A), line 11e)					0
	.	b T	Total fundrais	sing expenses	(Part IX, colu	mn (D), line 25)	1	161,863			
	17	7 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						582,73		373,958
	18	3 T	Total expens	es. Add lines	Add lines 13-17 (must equal Part IX, column (A), line 25)				2,464,97		2,353,352
	19) F	evenue less expenses. Subtract line 18 from line 12						(242,13) (25,209)
Net Assets or	Se							В	eginning of Current	Year	End of Year
	ᇣ 20) T	Total assets	assets (Part X, line 16)						, 352	1,763,312
t As	필 2			s (Part X, line	1				341	,046	629,215
	_		Net assets or fund balances. Subtract line 21 from line 20							1,159,306 1,134,09	
Pa	ırt II		Signatu	re 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.											
O: -			CARO	L DYKES							
Sig			Signature of officer Date								
He	re		CAROL DYKES, PRESIDENTCEO								
			Type or	print name and titl	le						
			Print/Type pre	eparer's name		Preparer's signature		Date	Check	if P	TIN
Paid			Johanna	Klomann	CPA			12-04-2019	self-employe	ed	P00848468
Preparer			Firm's name	•	Johanna 1	Klomann CPA P	LLC		Firm's EIN		
Us	e Oı	nly	Firm's addres	s ►	419 W As	pen Ave			Phone no.		
			Flagstaff AZ 86001						928-774-8995		
May the IRS discuss this return with the preparer shown above? (see instructions)										· · · Yes X No	

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)