990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Inter	nal Rev	enue	Service		► Go to w	/ww.irs.gov/Form	1990 for Instruc	tions an	d the latest	tintorm	iation.		Inspection
Α	For t	he 2	2019 calendar y	ear, or ta	ax year begin	ning		07-01	, 2019 , ar	nd endii	ng	06	5-30 , 20 20
В	Check	if app	olicable:	C Name	of organization UN	ITED WAY OF	NORTHERN A	ARIZON.	A INC			D Empl	oyer identification number
	Addres	s cha	ange	Doing b	ousiness as								86-0211666
	Name	chan	ge	Numbe	r and street (or P.	O. box if mail is not deli	vered to street addres	ss)		Room/suit	te	E Telep	hone number
	Initial r	eturn		1515 E	CEDAR AV	/E SUITE D-1							(928)773-9813
П	Final re	eturn/	/terminated	City or	town, state or prov	vince, country, and ZIP	or foreign postal code	,	-			G Gros	s receipts
П	Amend	led re	eturn		AFF, AZ 8		0 1					\$	2,853,293
Ī			pending			ncipal officer: CAROL	DYKES				H(a) Is this a d	-	for subordinates? Yes X No
_	, ippoc		_		S C ABOVI	·	. 211125				H(b) Are all s		= =
_	Tay-ay	amnt	status: X 501		501(c) () (insert no.)	4947(a)(1) or	527	7				st. (see instructions)
: -			► N/A	(0)(0)) 4 (insert no.)							n number
J] Truck [] Ass	ociation Other			Vacual farmatic	10 <i>6</i>			
	art I	Ť	anization: X Cor	poration _	Trust Ass	ociation Other •		L	Year of formatio	n: 196	/ W 5	tate of leg	gal domicile: AZ
Г	$\neg \neg$			the erec	izationla miasi	an ar maat algolfic	ant nativities.	TMDDO					
	1		-	_		on or most signific							COMMUNITIES TO
é		_									E POWER	AND	POTENTIAL OF
an		5	SUCCESSFUL	, RESI	LIENT YOU	TH TO CREAT	E THRIVING	COMMU	NITIES.				
Activities & Governance		_								-04			
Š	2			<u> </u>	Ü	discontinued its o						1 1	1
<u>«</u>	3			•	-	rning body (Part \						3	20
es	4				-	s of the governing							20
Ϊ	5					calendar year 20						5	10
Act	6		Total number of		•	• ,					,	6	1,183
						Part VIII, column (7a	0
		b N	Net unrelated bu	usiness ta	xable income	from Form 990-T,	line 39					7b	0
											Prior Year		Current Year
Revenue	8			•		1h)					2,195	,486	2,752,148
	9					e 2g)							0
š	10					A), lines 3, 4, and 7					18	,922	2,565
æ	11	(Other revenue (F	Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 1	0c, and 11e) .				113	, 735	98,580
	12	2 7	Total revenue - a	add lines	8 through 11 (must equal Part V	III, column (A), lii	ne 12)			2,328	,143	2,853,293
	13	3 (Grants and simil	ar amoun	ts paid (Part I	X, column (A), line	es 1-3)				1,363	,426	1,464,737
	14	l E	Benefits paid to	or for me	mbers (Part I)	K, column (A), line	4)						0
s	15	5 5	Salaries, other c	compensa	tion, employee	benefits (Part IX,	column (A), line	s 5-10)			615	,968	497,708
Expenses	16	ia F	Professional fun	draising f	ees (Part IX, d	column (A), line 11	e)						0
ē		b 1	Total fundraising	g expense	s (Part IX, col	umn (D), line 25)		1	L13,758				
Ш	17	' (Other expenses	(Part IX,	column (A), lir	nes 11a-11d, 11f-2	4e)				373	,958	401,500
	18	3 7	Γotal expenses.	Add lines	s 13-17 (must	equal Part IX, colu	umn (A), line 25)				2,353	,352	2,363,945
	19) F	Revenue less ex	kpenses.	Subtract line	18 from line 12 .					(25	,209)	489,348
5	Ses					*				Begin	ning of Curre	nt Year	End of Year
sets	20)]	Γotal assets (Pa	art X, line	16)						1,763	,312	2,410,407
Net Assets or	g 21	1	Total liabilities (F	Part X, lin	e 26)						629	,215	786,962
ž	22	<u> </u>	Net assets or fu	nd baland	es. Subtract	line 21 from line 2	0				1,134	,097	1,623,445
Pa	art II		Signature	Block									
						rn, including accompany icer) is based on all info				of my know	ledge and beli	ef, it is	
	, 00.100	1, 4	a complete. Declarat		.01 (01.101 1.11411 01.11	001) 10 20000 011 011 11110	auo o. wo p.op		.y iniomicago:				
٥.			CAROL I										
Sig			Signature of o	officer								Da	ite
He	re		CAROL I	DYKES,	PRESIDEN	T/CEO							
			Type or print		tle								
			Print/Type prepare	er's name		Preparer's signature		1	Date		Check	if	PTIN
Pa			Johanna K	lomann	CPA			0	2-10-202	21	self-emp	oloyed	P00848468
	par		Firm's name ►		Johanna	Klomann CPA	PLLC			Fi	rm's EIN 🕨		
Us	e Or	ıly	Firm's address ▶		419 W As	pen Ave				PI	hone no.		
					Flagstaf	f AZ 86001						928-	774-8995
May	the I	RS	discuss this retu	um with th	e preparer sh	own above? (see	instructions) .						Yes X No

2,150,331

Total program service expenses ▶

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?...... Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 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," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 х 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 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 13 Х 14a Х 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

Part IV Checklist of Required Schedules (continued)

			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		Х
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	04-		
	to defease any tax-exempt bonds?	24c		
d 25a	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	250		
h	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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		37
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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	20		A
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
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		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	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 in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			للل
	Establis and a second dia Base of Established St. 10 W. 11 J. 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

19) UNITED WAY OF NORTHERN ARIZONA INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
^	the organization is licensed to issue qualified health plans			
C 1/2		140		37
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
16	If "Yes," complete Form 4720, Schedule O.	10		Х
	ii ros, complete i um 4720, concuule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	

Sec	tion 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			
	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 in line 1a, above, who are independent			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	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, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the expenientian baye level shorters branches or efficience?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in 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	x	
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	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in 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		х
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 ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X 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 policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CAROL DYKES (928)773-9813. 1515 E CEDAR AVE SUITE D-1. FLAGSTAFF. AZ 86004			

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

	ieu organizai	IOIT CO	препзаг	eu a	iny cum	CIIL	officer, director, or	irusiee.	
				(C)					
(A)	(B)	·		sition			(D)	(E)	(F)
Name and title	Average		not check n unless pe				Reportable	Reportable	Estimated amount
	hours		er and a di) (compensation	compensation	of other
	per week					\neg	from the	from related	compensation
	(list any	or	Ins	Ke	em	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	or director	Officer	y en	ploy	Former	(11 2) 1000 MILCO)		related organizations
	organizations	tor to	ona	Key employee	e cor				
	below	or director	Officer Institutional trust	/ee	nper				
	dotted line)	0	tee	1	Highest compensated employee				
					, a				
(1) CAROL DYKES	40.00								
PRESIDENT/CEO		x	х				94,822	0	0
(2) BRUCE BLANKENSHIP	2.00								
TREASURER		x	x				0	0	0
(3) RICHARD BOWEN	1.00								
DIRECTOR		х					0	0	0
(4) STACEY BRECHLER-KNAGGS	1.00								
VICE BOARD CHAIR		х					0	0	0
(5) SEDRIC CADE	1.00								
LEGACY		х					0	0	0
(6) TOM CHENG	1.00								
DIRECTOR		х					0	0	0
(7) JANET DEAN	1.00								
BOARD CHAIR		х					0	0	0
(8) ERIKA HARTING	1.00								
DIRECTOR		х					0	0	0
(9) JENNIFER HERNANDEZ	1.00								
DIRECTOR		х					0	0	0
(10)JAMES JAYNE	1.00								
DIRECTOR		х					0	0	0
(11)SYLVIA JOHNSON	1.00								
LEGACY		x					0	0	0
(12)MIKE KELLY	1.00								
CI VICE CHAIR		x					0	0	0
(13)BRETT LARSON	1.00								
DIRECTOR		x					0	0	0
(14)TERRY MADEKSZA	1.00								
DIRECTOR	T	x					0	0	0
						_			

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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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mpensat	ed a	ny curre	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	Po not check n , unless pe er and a di	rson i	s both an r/trustee)	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CANDY OWENS	1.00						0		
DIRECTOR (2) MIKE PENCA	1.00	X					U	0	0
DIRECTOR		x					0	0	o
(3) KAREN PUGLIESI	1.00								
DIRECTOR		x					0	0	0
(4) CHRIS REED	1.00						-		-
DIRECTOR		x					0	0	0
(5) GABRIELLA SMITH	1.00								
DIRECTOR		x					0	0	0
(6) JEFFERY SPRINGBORN	1.00								
DIRECTOR		х					0	0	0
(7) GREG CLIFTON	1.00								
DIRECTOR		х					0	0	0
(8) REED_HANCOCK_	1.00								
DIRECTOR		х					0	0	0
(9) JABARHA (KUTT) NICHOLS	1.00								
DIRECTOR		х					0	0	0
(10)TODD PARKER	1.00								
DIRECTOR		х					0	0	0
(11)ARMANDO RUIZ	1.00								
DIRECTOR		х					0	0	0
(12)ERIC SCOTT	1.00								
DIRECTOR		х					0	0	0
(13)									
<u>(14)</u>									

Form **990** (2019)

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Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, an	nd H	ligh	est Co	omp	ensated Employe	es (continued)			
					((C)							
	(A)	(B)				sition			(D)	(E)		(F)	
	Name and title	Average	,				han one		Reportable	Reportable	Fetim	ated am	nunt
	Name and the	hours					s both a		compensation	compensation	Louis	of other	Junt
		per week						,	from the	from related	1	mpensati	on
		(list any	9 5	5	Q	2	9 =	Ę	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	1	rom the nization a	and
		hours for	divic	stitu	Officer	er er	ghe	Former	(**-2/1033-141100)	(**-2/1033-141100)	_	d organiz	
		related organizations	ctor	iona	Ì	Key employee	yee	-					
		below	Individual trustee or director	Institutional trustee		yee	mpe						
		dotted line)	ĕ	stee			Highest compensated employee						
							ed						
(15)													
(12)													
(16)													
(10)													
(17)													
7.77													
(19)													
(10)													
(10)													
(19)													
(20)								1					
(20)													
(21)													
(21)													
(22)													
(22)						· `		\					
(00)													
(23)													
(0.4)				\neg									
(24)													
(05)													
(25)													
	Cubtatal				\vdash								
1b	Subtotal		1				• • •	-					
C	Total from continuation sheets to Part VII, Sect		_					-	04.000				
d	Total (add lines 1b and 1c)						• • •	· >	94,822	0			0_
2	Total number of individuals (including but not limit		isted a	bove	e) Wi	no re	eceive	a mo	ore than \$100,000	OT			_
	reportable compensation from the organization											V	0
_	State of the state											Yes	No
3	Did the organization list any former officer, direct		-				-						
	employee on line 1a? If "Yes," complete Schedul										3		<u>x</u>
4	For any individual listed on line 1a, is the sum of re		•					•					
	organization and related organizations greater th												
_	individual										4		X
5	Did any person listed on line 1a receive or accrue			-			_				_		
0 - 1:	for services rendered to the organization? If "Yes	s," complete	Schea	ule J	J tor	suc	ch pers	son			5		<u> </u>
	on B. Independent Contractors							-					
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	ending	with		nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	ation	
2	Total number of independent contractors (including	-			e lis	ted	above) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	▶	•								

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Form 990 (2019)
Part VIII S

S	ta	t۵	m	Δr	٦ŧ	of	FR	ים	/ei	111	۵
J	ιa	LC		CI	IL	u			7		

		Check if Schedule O contains a response or no	ote to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns 1a					sections 512–514
	b	Membership dues 1b					
s, Grants Amounts	C	Fundraising events 1c					
Gra Jou	١.	Related organizations 1d					
fts, . An	d	Government grants (contributions) 1e	807 072				
Contributions, Gifts, Grants and Other Similar Amounts	e		807,972				
ons Sin	ı	All other contributions, gifts, grants, and similar amounts not included above	1 044 176				
buti her	_		1,944,176				
<u>ē</u> g	g	Noncash contributions included in	¢ 15 510				
နို ငိ		lines 1a-1f 1g	•	0.550.140			
	n	Total. Add lines 1a-1f		2,752,148			
	_		Business Code				
8	2a						
Program Service Revenue	b						
en.	С						
ev aï	d						
<u>б</u>	е						
₫.		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, a					
		other similar amounts)		2,565			2,565
	4	Income from investment of tax-exempt bond proce					
	5	Royalties	> `				
		(i) Real	(ii) Personal				
		Gross rents 6a					
	1	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis					
Revenue		and sales expenses 7b					
Ş.		Gain or (loss)					
æ	1		≻				
Other	8a	Gross income from fundraising	<i>y</i>				
Ŏ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
	1	Less: direct expenses					
	1	` '	▶				
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	<u></u>				
	10a	Gross sales of inventory, less					
		returns and allowances					
	1	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory	▶				
			Business Code				
ous		COST RECOVERY FEE - DES	900099	38,018	38,018		-
lan enu		COST RECOVER FEE - GOV	900099	60,562	60,562		
Miscellanous Revenue	C .						
Ĕ		All other revenue					
		Total. Add lines 11a-11d		98,580			
	12	Total revenue. See instructions		2.853.293	98.580	0	2.565

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,464,737 1,464,737 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 94,822 12,141 11,226 71,455 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 301,768 227,404 38,637 35,727 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 72,194 54,987 9,652 7,555 10 28,924 21,967 3,512 3,445 11 Fees for services (nonemployees): b Legal...... 28,422 21,595 3,410 3,417 d Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 52,302 43,979 3,705 4,618 12 Advertising and promotion 33,214 27,136 3,039 3,039 13 Office expenses 6,277 4,813 728 736 14 28,704 22,072 3,316 3,316 15 38,476 16 4,321 29,834 4,321 17 2,150 1,365 42 743 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,318 1,066 126 126 20 Payments to affiliates 21 22,075 16,777 2,649 2,649 22 Depreciation, depletion, and amortization 32,030 27,060 2,192 2,778 23 12,441 9,455 1,493 1,493 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.) a DUES AND SUBSCRIPTIONS 4,221 29,581 22,213 3,147 b SUPPLIES 114,510 82,416 7,746 24,348 C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 2,363,945 2,150,331 99,856 113,758 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720) . . .

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	168,575	1	988,894
	2	Savings and temporary cash investments	292,859	2	292,578
	3	Pledges and grants receivable, net	916,233	3	768,710
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 779,282			
	b	Less: accumulated depreciation 10b 419,057	385,645	10c	360,225
	11	Investments - publicly traded securities	\$ 550,000	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)	1,763,312	16	2,410,407
	17	Accounts payable and accrued expenses	331,551	17	201,991
	18	Grants payable	332/02	18	
	19	Deferred revenue	8,083	19	312,627
	20	Tax-exempt bond liabilities	7,133	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 officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	289,581	25	272,344
	26	Total liabilities. Add lines 17 through 25	629,215	26	786,962
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions	1,134,097	27	1,623,445
alaı	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
Ē.		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	1,134,097	32	1,623,445
	33	Total liabilities and net assets/fund balances	1,763,312	33	2,410,407

EEA

Form **990** (2019)

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3 4 5		2,	853, 363, 489,	293 945
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2 3 4 5		2,	363, 489,	945
3 Revenue less expenses. Subtract line 2 from line 1	3 4 5			489,	
· —	4 5				240
A Not expets or fund halonous at harinning of year (must equal Part V. line 22, column (A))	5		1,		<u> 348</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-			134,	097
5 Net unrealized gains (losses) on investments	6				
6 Donated services and use of facilities					
7 Investment expenses	7				
8 Prior period adjustments	8				
9 Other changes in net assets or fund balances (explain on Schedule O)	9				0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
32, column (B))	10		1,	623,	445
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
		_		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	_				
If the organization changed its method of accounting from a prior year or checked "Other," explain in					
Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			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:					
▼ Separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	x	
If the organization changed either its oversight process or selection process during the tax year, explain on					
Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Single Audit Act and OMB Circular A-133?			3a		x
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		

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNI	TED	WAY OF NORTHERN ARIZONA	INC				86-021166	6	
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this part	.) See instructions		
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	ly one box.)	,		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	governmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).			
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fror	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)		4			
9		An agricultural research organization	described in secti	on 170(b)(1)(A)(ix) ope	erated in co	njunction	with a land-grant colleg	је	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or		
		university:							
10		An organization that normally receive	` '	• • • • • • • • • • • • • • • • • • • •					
		receipts from activities related to its e							
		support from gross investment income					rom businesses		
		acquired by the organization after Ju							
11	Ц	An organization organized and opera	•			1.1.0			
12		An organization organized and operat	•						
		of one or more publicly supported or	-					•	
		Check the box in lines 12a through 12				•		-	
	а	Type I. A supporting organization				-		ng	
		the supported organization(s) the			rity of the o	directors or	trustees of the		
		supporting organization. You mu			201 20				
	b	Type II. A supporting organization				•			
		control or management of the sup			ersons that (control of n	nanage the supported		
	_	organization(s). You must comp			nnootion w	ith and fu	nationally intograted wi	th.	
	С	its supported organization(s) (see						ш,	
	d	Type III non-functionally integr						n(s)	
	u	that is not functionally integrated.		•			• •	11(0)	
		requirement (see instructions). Y					it and an attorneyonooo		
	е	Check this box if the organization					Type II. Type III		
		functionally integrated, or Type III				, , , ,	. , , , , , , , , , , , , , , , , , , ,		
	f	Enter the number of supported organ							
	g	Provide the following information about							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)	
				above (see instructions))	docum	iont:	mandenona)	matructions)	
					Yes	No			
(A)									
(B)									
(C)									
(C)									
(D)									
(E)									
(- /									

Total

	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, ple	ease complet	e Part III.)	
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,371,897	2,327,715	2,103,366	2,195,486	2,752,148	11,750,612
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	2,371,897	2,327,715	2,103,366	2,195,486	2,752,148	11,750,612
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)						1,214,068
6	Public support. Subtract line 5 from line 4						10,536,544
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,371,897	2,327,715	2,103,366	2,195,486	2,752,148	11,750,612
8	Gross income from interest, dividends,	1					
	payments received on securities loans,						
	rents, royalties and income from		1				
	similar sources	1,067	35,622	27,446	18,922	2,565	85,622
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.)						
	Total support. Add lines 7 through 10						11,836,234
	Gross receipts from related activities, etc. (s			 .		12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c					14	89.02 %
	Public support percentage from 2018 Sched					15	90.85 %
16a	33 1/3% support test - 2019. If the organization						
	box and stop here . The organization qualified						
b	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	-		_
	organization						
b	10%-facts-and-circumstances test - 2018.	-					ine
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization mee				-	-	
40	supported organization						▶ ⊔
ΙŎ	Private foundation. If the organization did r						. \sqcap
	instructions	<u></u>					🟲 📙

86-0211666

(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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 fumished 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						
	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	4					
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	ction B. Total Support	(=) 2045	(h) 0040	(5) 0047	(4) 0040	(-) 2040	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for the or	uanization's fir	rst. second. thi	rd. fourth, or fif	th tax vear as	a section 501(c	:)(3)
	organization, check this box and stop here	-			-	-	· · · ·
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched		-			16	%
Sed	ction D. Computation of Investment Inc	come Percei	ntage				
	Investment income percentage for 2019 (line			ine 13, column	(f))	17	%
	Investment income percentage from 2018 Sc					18	%
19a	33 1/3% support tests - 2019. If the organiz	ation did not c	heck the box o	on line 14, and	line 15 is more	than 33 1/3%,	, and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this	box and stop	here. The orga	anization qualif	ies as a publicl	y supported or	ganization 🕨 🗌
20	Private foundation. If the organization did n	ot check a box	x on line 14, 19	a, or 19b, che	ck this box and	l see instruction	ns ▶ 🗆

Part IV Suppo

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
 - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 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 10b below.*
 - **b** 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
		. 55	
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ju		_
	9b		
	9с		
	10a		
	4		
A /Eo	10b	or 000 F	

		211666	P	age
Par	rt IV Supporting Organizations (continued)			
			Yes	No
	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	<i>rt VI.</i> 11c		
Sec	tion B. Type I Supporting Organizations		1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, o			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	ed		
	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 Pa	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
4	Did the appropriation provide to each of its appropriate agency estimate by the last day of the fifth popular of the		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 p			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
_	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported argument of a comparation (a) are (ii) against an above of a comparation (a) are (iii) against an argument of a comparation (b) are (iii) against a comparation (b) are (iii) against a comparation (c) are (c) against a comparation (c) are (c) against a comparation (c)			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V the organization maintained a close and continuous working relationship with the supported organization(s			
2		^{).} 2		
3	By reason of the relationship described in (2), 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	2		
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	or (coo inctrue	tional	`
1 a		แ (จอย เมอแนต	u0115)	
b				
C		nt antity (see i	actri ici	tions
	Activities Test. Answer (a) and (b) below.	in entity (see ii	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	163	140
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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 determine			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI th			
	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. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a		3a		
	trustees of each of the supported organizations? Provide details in Part VI.	_Sa		

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.

c Fair market value of other non-exempt-use assets

Acquisition indebtedness applicable to non-exempt-use assets

d Total (add lines 1a, 1b, and 1c)

Subtract line 2 from line 1d.

e Discount claimed for blockage or other factors (explain in detail in Part VI):

UNITED WAY OF NORTHERN ARIZONA INC Schedule A (Form 990 or 990-EZ) 2019 86-0211666 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b

4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
se	e instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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					
er	nergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally ir instructions).	nteg	grated Type III supporting or	ganization (see		

1c

1d

2

EEA

Section D - Distributions Current Vo							Current Year
Part V	Type III Non-Fu	unctionally li	ntegrated 5	9(a)(3) Sup	orting C	Organizations (continued)	
Schedule A (For	m 990 or 990-EZ) 2019	UNITED WAY	Y OF NORTH	ERN ARIZONA	INC	86-0213	1666 Page

Гаі	i v Type iii Noii-i unctionally integrated 309(a)(3) Supporting Organia	eations (continued)					
Sec	tion D - Distributions			Current Year				
1	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	s of supported organizat	ions					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	organization is respons	sive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7:							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							

Excess distributions carryover to 2020. Add lines 3j and 4c.

	uu
8	Breakdown of line 7:

- a Excess from 2015
- **b** Excess from 2016
- c Excess from 2017
- d Excess from 2018
- e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 EEA

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.)

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

Schedule of Contributors

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

UNITED WAY OF NORTHERN ARIZONA INC 86-0211666 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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

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

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

Name of organization **Employer identification number**

UNITED WAY OF NORTHERN ARIZONA INC

86-0211666

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W.L. GORE 1500 FOURTH STREET FLAGSTAFF, AZ 86004	\$397,796	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	THE NARBHA INSTITUTE 616 N BEAVER FLAGSTAFF, AZ 86001	\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE GINGER AND JOHN GIOVALE FNDTN 1400 W MARS HILL RD FLAGSTAFF, AZ 86001	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARIZONA COMMUNITY FNDTN FLAGSTAFF 150 W DALE AVE STE 3 FLAGSTAFF, AZ 86001	\$97,740	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_	THE WHARTON FOUNDATION 1374 W LIL BEN TRAIL FLAGSTAFF, AZ 86005	\$58,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

UNI	TED WAY OF NORTHERN ARIZONA INC		86-0211666
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or edu		a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a	
	historic structure listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements the	nat describes the
D-	organization's accounting for conservation easements.	of Aut Historical Tuescours on C	Mh an Cinnilan Assata
Pa	rt III Organizations Maintaining Collections		iner Similar Assets.
	Complete if the organization answered "Yes" o		alana alanduunila
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		ance of public
L	service, provide, in Part XIII the text of the footnote to its finance.		and about works of
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		.
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		iii, provide trie
_	following amounts required to be reported under FASB ASC 9 Revenue included on Form 990, Part VIII, line 1		▶ ¢
a b			· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		

Pa	t III Organizations Maintaining	Collections of Art, H	istorical T	reasures, or	Other Similar <i>I</i>	Assets (co	ontinued)
3	Using the organization's acquisition, accessio	n, and other records, check a	any of the follo	owing that make si	gnificant use of its		
	collection items (check all that apply):						
а	Public exhibition	d	I 🗌 Loan	or exchange progr	ams		
b	Scholarly research	е	e Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	llections and explain how the	v further the	organization's exe	mpt purpose in Part		
	XIII.		,	3	1 -1 - 1		
5	During the year, did the organization solicit or	receive donations of art. hist	orical treasur	es. or other similar			
-	assets to be sold to raise funds rather than to	•		•		Tyes	s No
Pai	rt IV Escrow and Custodial Arra		organization			··	
	Complete if the organization a 990, Part X, line 21.		rm 990, Pa	art IV, line 9, o	reported an an	nount on F	-orm
1a	Is the organization an agent, trustee, custodial	n or other intermediary for co	ntributions or	other assets not			
						Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII					_	_
	, ,	,			А	Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е					1e		
f					1f		
2a	Did the organization include an amount on Fo					Yes	s No
b	If "Yes," explain the arrangement in Part XIII.						=
	rt V Endowment Funds.						
	Complete if the organization	answered "Yes" on Fo	rm 990. Pa	art IV. line 10.			
	о отпристо и ило от данишения		Prior year	(c) Two years back	(d) Three years bad	ck (e) Four	years back
1a	Beginning of year balance		133,814	127,16	11		113,844
b	Contributions	200,210					
c	Net investment earnings, gains, and						
·	losses	(1,268)	3,135	7,559	9 15,13	24	399
d	Grants or scholarships	(1/200)	37233	7,55	, 15,15	<u> </u>	3,5,5
e	Other expenditures for facilities and						
·	programs						
f	Administrative expenses	1,286	674	91:	2 1,17	7.4	1,036
	End of year balance		136,275	133,814			1,030
g 2	Provide the estimated percentage of the curre		-	•	12/,10	,,	113,207
	Board designated or quasi-endowment	%	, coluitiii (a))	neiu as.			
a	,	%					
b	1 official office without 1	70					
С	Term endowment	Id a must 4000/					
0-	The percentages on lines 2a, 2b, and 2c shou	·	and hald and	and a Calabana of Cample			
3a	Are there endowment funds not in the posses	ssion of the organization that	are neid and	administered for tr	ne	i	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	organization by:					0-(1)	Yes No
	"	• • • • • • • • • • • • • • • • • • • •				3a(i)	
	()					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	·				3b	
4	Describe in Part XIII the intended uses of the		unds.				
Pa	t VI Land, Buildings, and Equip		000 D	(IV / P 4.4 -	0 5 000	Dest V. P	40
	Complete if the organization						
	Description of property	(a) Cost or other basis	1 ' '		(c) Accumulated	(d) Boo	k value
		(investment)		other)	depreciation		
1a	Land	• •		55,090			55,090
b	Buildings	• •		445,724	176,432	2	269,292
С	Leasehold improvements	• •		181,433	166,105		15,328
d	Equipment	• •		97,035	76,520		20,515
e	Other						
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, cold	umn (B), line	10c.)] :	360,225

	(a) Description of security or category (including name of security)		(b) Book valu	le		c) Method of valuation: or end-of-year market value
(1) Financial					2.50.	. ,
2) Closely-he	eld equity interests					
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
` ,	n (b) must equal Form 990, Part X, col. (B) line	12)				
Part VIII	Investments - Program Related.	, 12.)				
<u> </u>	Complete if the organization answe	red "Yes" on Fori	m 990. Part	IV. line 11c	. See Forn	n 990. Part X. line 1
-	(a) Description of investment		(b) Book valu			c) Method of valuation:
	(a) Description of investment		(b) Dook van			or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)					-	
(9)	n (h) must savel Form 000. Port V sol (P) line	421	1			
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line	÷ 13.) ▶				
	Other Assets.		n 990 Part	IV line 11d	See Form	n 990 Part X line 1
otal. (Colum	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
otal. (Colum Part IX	Other Assets. Complete if the organization answe		m 990, Part	IV, line 11d	. See Forn	n 990, Part X, line 1
otal. (Colum Part IX	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
otal. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
otal. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
otal. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answe	red "Yes" on Fori	m 990, Part	IV, line 11d	. See Forn	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe	red "Yes" on Form		IV, line 11d	. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answe (a	red "Yes" on Form		IV, line 11d	. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answe (a in (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	red "Yes" on Form				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answe (a In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe	red "Yes" on Form				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answe (a In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form	m 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answe (a In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability	red "Yes" on Form	m 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) ONOR I	Other Assets. Complete if the organization answe (a In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability	red "Yes" on Form i) Description ii 15.)	m 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) ONOR I	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal i (2) ONOR I (3) (4)	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2ponor i (3) (4) (5)	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (2) ONOR I (2) ONOR I (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answe (a) In (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability Income taxes	red "Yes" on Form i) Description ii 15.)				(b) Book value

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,339,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,339,571
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.) 4b 513,722		
С	Add lines 4a and 4b	4c	513,722
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,853,293
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,850,223
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,850,223
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	_	
b	Other (Describe in Part XIII.)	-	
С	Add lines 4a and 4b	4c	513,722
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,363,945
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; I	Part X, lii	ne
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2019

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

2019

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF NORTHERN ARIZONA INC 86-0211666 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x Yes the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (a) Name and address of organization (b) EIN (h) Purpose of grant (book, FMV, appraisal, grant or government (if applicable) cash assistance noncash assistance or assistance other) (1)AMERICAN RED CROSS 6135 N BLACK CANYON HIGHWAY PHOENIX, AZ 85015 86-0098906 501C3 16,088 HEALTH (2) ARIZONA GIRL SCOUTS PO BOX 21776 86-0133397 501C3 9,270 HEALTH PHOENIX, AZ 85036 (3)ASSOCIATION FOR SUPPORTIVE 2708 N 4TH ST C-1 FLAGSTAFF, AZ 86004 86-0332919 501C3 9,240 HEALTH (4)BIG BROTHERS BIG SISTERS PO BOX 1701 23-7170086 FLAGSTAFF, AZ 86002 501C3 39,599 HEALTH (5) BOYS AND GIRLS CLUB FLAGSTA 301 S PASEO DEL FLAG FLAGSTAFF, AZ 86001 45-3083785 501C3 8,893 HEALTH (6) CATHOLIC CHARITIES 460 N SWITZER CANYON DRIVE STE FLAGSTAFF, AZ 86001 86-0223999 501C3 50,037 INCOME (7) COCONINO COUNTY TEEN WELLNE 2625 N KING STREET 86-6000441 501C3 5,265 FLAGSTAFF, AZ 86004 HEALTH (8)NAU CIVIC SERVICE - FLAGSTA NAU BOX 5063 501C3 FLAGSTAFF, AZ 86011 74-2579628 16,460 HEALTH (9) THE SALVATION ARMY FLAGSTAF PO BOX 2488 FLAGSTAFF, AZ 86003 94-1156347 501C3 14,030 HEALTH (10) NA PEOPLES LEGAL SERVICES 2323 E GREENLAW LANE ST 1 FLAGSTAFF, AZ 86004 86-0207220 501C3 8,392 INCOME 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

2019

Employer identification number

Open to Public Inspection

UNITED WAY OF NORTHERN ARIZONA	INC					86-0211666	
Part I General Information on (Grants and Assi	stance					
1 Does the organization maintain records to	substantiate the amo	unt of the grants or assis	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the gr	ants or assistance?						. Yes N
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistant				-	•	"Yes" on Form 990	0,
Part IV, line 21, for any recipi	ent that received m	nore than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
 (a) Name and address of organization or government 	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)FLAGSTAFF FAMILY FOOD CENTE							
1903 N 2ND ST							
FLAGSTAFF, AZ 86001	86-0754044	501C3	62,184				HEALTH
(2)NATIVE AMERICANS FOR COMMUN							
2717 N STEVES BLVD SUITE 11							
FLAGSTAFF, AZ 86004	86-0268489	501C3	16,170				EDUCATION
(3)NORTH COUNTRY HEALTH CARE I							
2920 N FOURTH ST							
FLAGSTAFF, AZ 86004	86-0663432	501C3	17,768				
(4)NORTHLAND FAMILY HELP CENTE							
2532 N FOURTH STREET 506							
FLAGSTAFF, AZ 86004	86-0351566	501C3	70,970				HEALTH
(5)FLAGSTAFF SHELTER SERVICES							
PO BOX 1808							
FLAGSTAFF, AZ 86002	20-4921369	501C3	26,703				HEALTH
(6) FRIENDS OF CAMP COLTON							
PO BOX 393							
FLAGSTAFF, AZ 86002	86-1015268	501C3	11,295				HEALTH
(7)PARENTING ARIZONA							
201 E BIRCH							
FLAGSTAFF, AZ 86001	86-0324590	501C3	13,164				HEALTH
(8)THE LITERACY CENTER							
2223 E 7TH AVE SUITE B							
FLAGSTAFF, AZ 86004	86-0716673	501C3	11,517				HEALTH
(9)ROUND VALLEY SENIORS							
256 S PAPAGO STREET							
SPRINGERVILLE, AZ 85939	94-2926827	501C3	7,273				HEALTH
(10) OUSING SOLUTIONS OF NORTHE							
PO BOX 30134							
FLAGSTAFF, AZ 86003	23-7170086	501C3	29,735				HEALTH
2 Enter total number of section 501(c)(3) ar	nd government organiz	zations listed in the line 1	table				
3 Enter total number of other organizations	listed in the line 1 tabl	e				▶ ¯	<u> </u>

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.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number UNITED WAY OF NORTHERN ARIZONA INC 86-0211666 Part I **General Information on Grants and Assistance** 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 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 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (book, FMV, appraisal, grant or government (if applicable) cash assistance noncash assistance or assistance other) (1) VICTIM WITNESS SERVICES 201 E BIRCH AVE SUITE 4 FLAGSTAFF, AZ 86001 86-0481748 501C3 16,632 HEALTH (2) SUNNYSIDE NEIGHBORHOOD ASSO 2304 N 3RD ST SUITE 124 FLAGSTAFF, AZ 86004 86-1012315 501C3 30,238 HEALTH (3)NORTHLAND HOSPICE PO BOX 997 FLAGSTAFF, AZ 86002 74-2385187 501C3 19,350 HEALTH (4) PAGE REGIONAL DOMESTIC VIOL PO BOX 3686 PAGE, AZ 86040 86-0838347 501C3 10,000 HEALTH (5)YMCA 2800 S LONETREE ROAD FLAGSTAFF, AZ 86001 86-0096799 501C3 5,434 EDUCATION (6) CRISIS RESPONSE NETWORK 1275 W WASHINGTON ST STE 108 TEMPE, AZ 85281 26-0446321 501C3 5,665 EDUCATION (7) HOZHONI FOUNDATION 2133 N WALGREEN BLVD 86-0255127 501C3 13,895 FLAGSTAFF, AZ 86004 HEALTH (8) SOUTHSIDE COMMUNITY FOUNDAT 203 E BRANNEN AVE 501C3 FLAGSTAFF, AZ 86001 47-0931254 6,166 INCOME (9) (10)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

(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)	
le the information re	quired in Part I, I	ine 2; Part III, colum	n (b); and any other addit	tional information.
	recipients	recipients cash grant	recipients cash grant noncash assistance	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UNITED WAY OF NORTHERN ARIZONA INC 86-0211666

01. Members or stockholder classes and rights (Part VI, line 6) EACH CONTRIBUTOR TO THE MOST RECENT CAMPAIGN OF THE UNITED WAY, WHETHER BUSINESS CORPORATION, INSTITUTION, OR INDIVIDUAL SHALL BE A MEMBER AND SHALL BE ENTITLED TO VOTE AT ALL MEMBERSHIP MEETINGS IF IN ATTENDANCE. SUCH MEMBERSHIP SHALL BE IN EFFECT FOR ONE YEAR FOLLOWING THE DATE OF THE MEMBER'S CONTRIBUTION. 02. Member election for additional members (Part VI, line 7a) EACH CONTRIBUTOR TO THE MOST RECENT CAMPAIGN OF THE UNITED WAY, WHETHER BUSINESS CORPORATION, INSTITUTION, OR INDIVIDUAL SHALL BE A MEMBER AND SHALL BE ENTITLED TO VOTE AT ALL MEMBERSHIP MEETINGS IF IN ATTENDANCE. SUCH MEMBERSHIP SHALL BE IN EFFECT FOR ONE YEAR FOLLOWING THE DATE OF THE MEMBER'S CONTRIBUTION 03. Form 990 governing body review (Part VI, line 11) UNITED WAY OF NORTHERN ARIZONA PRESENTS A DRAFT OF THE FORM 990 BEFORE IT IS FILED TO THE FINANCE COMMITTEE. FOLLOWING 990 ACCEPTANCE BY THE FINANCE COMMITTEE, THE 990 THE 990 IS FILED. IT IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS 04. Conflict of interest policy compliance (Part VI, line 12c) UNITED WAY OF NORTHERN ARIZONA CONDUCTS AN ANNUAL REVIEW OF ALL CONFLICTS OF INTEREST STATEMENTS WHICH ARE SIGNED BY ALL DIRECTORS AND KEY EMPLOYEES. 05. CEO, executive director, top management comp (Part VI, line 15a) UNITED WAY OF NORTHERN ARIZONA'S DIRECTORS HAVE APPOINTED A COMMITTEE TO REVIEW AND

EXAMINE COMPENSATION DATA FROM OTHER UNITED WAY ORGANIZATIONS AND VARIOUS NON PROFITS OF

SIMILAR REVENUE STATUS. THIS COMMITTEE DETERMINES COMPENSATION BASED UPON DATA OBTAINED

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
UNITED WAY OF NORTHERN ARIZONA INC	86-0211666
AND PERFORMANCE, WHICH PRESENTS THE RECOMMENDATION TO DIRECTORS FOR APPROV	AL.
·	
06. Other officer or key employee compensation (Part VI, line 15b	
UNITED WAY OF NORTHERN ARIZONA'S DIRECTORS HAVE APPOINTED A COMMITTEE TO R	EVIEW AND
EXAMINE COMPENSATION DATA FROM OTHER UNITED WAY ORGANIZATIONS AND VARIOUS	NON PROFITS OF
SIMILAR REVENUE STATUS. THIS COMMITTEE DETERMINES COMPENSATION BASED UPON	THE DATA
OBTAINED AND PERFORMANCE, WHICH PRESENTS THE RECOMMENDATION TO DIRECTORS F	OR APPROVAL.
07. Governing documents, etc, available to public (Part VI, line 19)	
UNITED WAY OF NORTHERN ARIZONA CURRENTLY HAS THE FINANCIAL STATEMENTS ON T	HE WEBSITE, AND
AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST ARE	AVAILABLE TO THE
PUBLIC UPON REQUEST.	

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019 , and ending 06-30-2020

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

OMB No. 1545-1878

Employer identification number Name of exempt organization UNITED WAY OF NORTHERN ARIZONA INC 86-0211666 Name and title of officer CAROL DYKES, PRESIDENT/CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here $\blacktriangleright X$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize Johanna Klomann CPA PLLC to enter my PIN 11666 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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. Officer's signature Date ▶ 01-07-2021 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 865704 25009 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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. Date > 02-10-2021 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So