

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 NORTH COMMERCE PARK LOOP NO 2

City or town, state or province, country, and ZIP or foreign postal code
TUCSON, AZ 857452792

D Employer identification number
86-0098932

E Telephone number
(520) 903-9000

G Gross receipts \$ 20,024,152

F Name and address of principal officer:
TONY PENN
330 NORTH COMMERCE PARK LOOP NO 200
TUCSON, AZ 857452792

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ UNITEDWAYTUCSON.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1942

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
BUILDING A THRIVING COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	68
6 Total number of volunteers (estimate if necessary)	6	4,516
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,333,588	14,574,558
9 Program service revenue (Part VIII, line 2g)	126,404	109,077
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,714	-51,457
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,204	-14,864
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,617,502	14,617,314
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,680,061	7,102,761
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,605,333	4,111,999
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,205,872		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,062,131	2,059,875
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,347,525	13,274,635
19 Revenue less expenses. Subtract line 18 from line 12	269,977	1,342,679
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,962,032	14,900,334
21 Total liabilities (Part X, line 26)	2,465,253	2,830,563
22 Net assets or fund balances. Subtract line 21 from line 20	10,496,779	12,069,771

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2021-03-25
TONY PENN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-03-25
Check if self-employed PTIN: P00633511
Firm's name: ▶ BEACHFLEISCHMAN PC Firm's EIN: ▶ 86-0683059
Firm's address: ▶ 1985 E RIVER ROAD SUITE 201 TUCSON, AZ 85718 Phone no. (520) 321-4600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR VISION IS A COMMUNITY WHERE EVERY CHILD RECEIVES A HIGH-QUALITY EDUCATION FROM BIRTH TO CAREER, EVERY ADULT HAS THE OPPORTUNITY TO THRIVE FINANCIALLY AND IN THE WORKPLACE, AND EVERY OLDER PERSON CAN RETIRE AND AGE WITH DIGNITY AND INDEPENDENCE.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,206,476 including grants of \$ 6,251,616) (Revenue \$ 109,077)
See Additional Data

4b (Code:) (Expenses \$ 851,145 including grants of \$ 851,145) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 11,057,621

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16b with corresponding input fields and checkboxes.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
GEORGE SCHLECHT VP CFO 330 NORTH COMMERCE PARK LOOP NO 200 TUCSON, AZ 857452792 (520) 903-9000

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	57,061			
	d Related organizations	1d	328,667			
	e Government grants (contributions)	1e	6,558,073			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,630,757			
	g Noncash contributions included in lines 1a - 1f:\$	1g	111,112			
	h Total. Add lines 1a-1f		14,574,558			
Program Service Revenue	2a SERVICE FEE INCOME	Business Code				
		900099	104,572	104,572		
	b MISCELLANEOUS INCOME	900099	4,505	4,505		
	c					
	d					
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		109,077				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		168,438		168,438	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	5,148,684	150		
		(ii) Other				
		7b Less: cost or other basis and sales expenses	5,368,729	0		
		7c Gain or (loss)	-220,045	150		
	d Net gain or (loss)		-219,895		-219,895	
	8a Gross income from fundraising events (not including \$ 57,061 of contributions reported on line 1c). See Part IV, line 18			23,245		
		8b Less: direct expenses		38,109		
		c Net income or (loss) from fundraising events		-14,864		-14,864
	9a Gross income from gaming activities. See Part IV, line 19					
9b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		14,617,314	109,077	0	-66,321	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,089,240	7,089,240		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,521	13,521		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	771,947	463,213	132,671	176,063
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,682,878	1,609,883	461,094	611,901
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	96,305	57,103	18,339	20,863
9 Other employee benefits	319,069	189,659	59,901	69,509
10 Payroll taxes	241,800	147,075	41,709	53,016
11 Fees for services (non-employees):				
a Management				
b Legal	2,111		2,111	
c Accounting	30,025		30,025	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,292		34,292	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	710,315	613,570	42,463	54,282
12 Advertising and promotion	92,041	64,604	7,166	20,271
13 Office expenses	279,674	193,567	35,799	50,308
14 Information technology	213,658	147,694	26,619	39,345
15 Royalties				
16 Occupancy	283,990	215,781	26,153	42,056
17 Travel	73,930	64,911	3,946	5,073
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	108,915	73,045	10,653	25,217
20 Interest	5,608		5,608	
21 Payments to affiliates	142,411	88,068	20,780	33,563
22 Depreciation, depletion, and amortization	26,710		26,710	
23 Insurance	14,335	545	13,790	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	33,871	18,153	11,313	4,405
b IN KIND EXPENSES	7,989	7,989		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,274,635	11,057,621	1,011,142	1,205,872
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,964,503	1	2,963,764
	2 Savings and temporary cash investments	983,128	2	1,165,099
	3 Pledges and grants receivable, net	4,053,185	3	4,988,813
	4 Accounts receivable, net	207,984	4	23,755
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76,622	9	86,615
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,514		
	b Less: accumulated depreciation	10b 226,265	21,523	10c 123,249
	11 Investments—publicly traded securities	5,474,308	11	5,364,141
	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	180,779	15	184,898
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,962,032	16	14,900,334	
Liabilities	17 Accounts payable and accrued expenses	681,904	17	699,640
	18 Grants payable	482,106	18	572,628
	19 Deferred revenue	564,181	19	804,856
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	661,295	21	660,494
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	75,767	25	92,945
	26 Total liabilities. Add lines 17 through 25	2,465,253	26	2,830,563
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,529,468	27	6,113,839
	28 Net assets with donor restrictions	4,967,311	28	5,955,932
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	10,496,779	32	12,069,771	
33 Total liabilities and net assets/fund balances	12,962,032	33	14,900,334	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,617,314
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,274,635
3	Revenue less expenses. Subtract line 2 from line 1	3	1,342,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,496,779
5	Net unrealized gains (losses) on investments	5	230,313
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,069,771

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
 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?
 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 Consolidated basis Both consolidated and 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0098932

Name: UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA SERVES MORE THAN 180,000 INDIVIDUALS LOCALLY, EACH YEAR. UNITED WAY TRANSFORMS LIVES AND BRINGS LONG-LASTING SYSTEMIC CHANGE TO OUR COMMUNITY BY FOCUSING ON THE KEY, UNDERLYING ISSUES; QUALITY EDUCATION, FINANCIAL WELLNESS, EQUALITY AND HEALTHY COMMUNITIES. UNITED WAY'S ROLE AS THE COMMUNITY CONVENER ENABLES THE FORMATION OF STRATEGIC PARTNERSHIPS AND THE MOBILIZATION OF RESOURCES TO FIND INNOVATIVE, EQUITABLE SOLUTIONS. UNITED WAY USES MEASURABLE RESULTS TO MONITOR THE PERFORMANCE OF INTERNAL AND EXTERNAL PARTNER PROGRAMS TO ENSURE DATA-DRIVEN DECISION MAKING AND OUTCOMES. KEY 2019 - 2020 RESULTS INCLUDE: *1,565 CHILDREN ARE IN EARLY EDUCATION PROGRAMS ACTIVELY ENGAGED IN QUALITY IMPROVEMENT EFFORTS*CHILDREN RECEIVED 166,782 AGE-APPROPRIATE BOOKS TO BUILD THEIR PERSONAL HOME LIBRARIES*2,427 FAMILIES RECEIVED GUIDANCE FOR RAISING AND NURTURING THEIR CHILD EITHER IN THE HOME OR AT COMMUNITY-BASED SETTINGS*631 INDIVIDUALS LEARNED NEW DEVELOPMENTALLY APPROPRIATE EARLY CHILDHOOD EDUCATION AND SYSTEMS BUILDING SKILLS*735 OPPORTUNITY YOUTH WERE SUPPORTED TO SUSTAIN THEIR ENGAGEMENT IN CONNECTING EDUCATION AND A CAREER PATHWAY THROUGH THE RE-ENGAGEMENT CENTERS*14,180 LOW-INCOME WORKING FAMILIES USED NO-FEE TAX PREPARATION SERVICES AT VITA SITES TO RECEIVE ALL APPROPRIATE TAX CREDITS*821 FAMILIES AND YOUTH RECEIVED SERVICES TO BECOME MORE FINANCIALLY STABLE*4,527 SENIORS BECAME MORE ACTIVE AND INDEPENDENT THROUGH VOLUNTEERING*154,716 HOURS TO SUPPORT OTHER SENIORS AND FAMILIES TO MEET THEIR NEEDS*23,250 SENIORS WERE ABLE TO STAY AT HOME BECAUSE OF HELP AND SUPPORT FROM QUALITY PROGRAMS*3,832 DAYS OF CARING VOLUNTEERS PROVIDED 12,976 VOLUNTEER HOURS TO COMPLETE 150 COMMUNITY IMPROVEMENT PROJECTS*3,345 INDIVIDUALS LEARNED ABOUT HOW TO PLAN FOR THEIR END OF LIFE CHOICES THROUGH WORKSHOPS, COACHING SESSION, AND PROVIDER-SPECIFIC LEARNING OPPORTUNITIES*19,803 INDIVIDUALS WERE HELPED WITH EMERGENCY NEEDS, SUCH AS RENTAL AND UTILITY ASSISTANCE, FOOD, DIAPERS, AND HEALTH AND SAFETY NEEDS, AS THE RESULT OF THE PANDEMIC THROUGH THE UNITED FOR SOUTHERN ARIZONA COVID-19 RELIEF FUND

Form 990, Part III, Line 4b:

ALLOCATIONS - THROUGH UNITED WAY'S ANNUAL CAMPAIGN, UNITED WAY RAISES FUNDS TO DISTRIBUTE TO HEALTH AND WELFARE PROGRAMS AND SERVICES ADMINISTERED BY NON-FOR-PROFIT AGENCIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TONY PENN PRESIDENT & CEO	40.00			X				335,104	0	13,983
LAVONNE DOUVILLE EXECUTIVE VICE PRESIDENT	40.00				X			151,293	0	5,204
CLAY BACON SENIOR VICE PRESIDENT & COO	40.00					X		131,284	0	10,786
GEORGE SCHLECHT VICE PRESIDENT & CFO	40.00			X				86,029	0	9,901
LILLIAN BRANTLEY-THOMPSON DIRECTOR	1.00	X						0	0	0
KEVIN CUTTER DIRECTOR	1.00	X						0	0	0
STEVEN DASCH DIRECTOR	1.00	X						0	0	0
ALLISON DUFFY DIRECTOR	1.00	X						0	0	0
NEAL ECKEL DIRECTOR	1.00	X						0	0	0
ERNEST JONES DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEE LAMBERT DIRECTOR	1.00	X						0	0	0
JASON LUCKEY DIRECTOR	1.00	X						0	0	0
JILL MALICK DIRECTOR	1.00	X						0	0	0
STEVEN MANKEE DIRECTOR	1.00	X						0	0	0
CATHERINE MERRILL DIRECTOR	1.00	X						0	0	0
ALLEN REID DIRECTOR	1.00	X						0	0	0
JOEL ROHLIK DIRECTOR	1.00	X						0	0	0
ROBERT ROBBINS DIRECTOR	1.00	X						0	0	0
MARY ROWLEY DIRECTOR	1.00	X						0	0	0
CALLINE SANCHEZ DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEAN SAVAGE DIRECTOR	1.00	X						0	0	0
PAUL STAPLETON-SMITH DIRECTOR	1.00	X						0	0	0
HOWARD STEWART DIRECTOR	1.00	X						0	0	0
PAUL TEES DIRECTOR	1.00	X						0	0	0
MICHELLE TRINDADE DIRECTOR	1.00	X						0	0	0
HEATH VESCOVI-CHIORDI DIRECTOR	1.00	X						0	0	0
CHAD WHELAN DIRECTOR	1.00	X						0	0	0
TEA WILLIAMS DIRECTOR	0.50	X						0	0	0
EDMUND MARQUEZ CHAIR	2.00	X		X				0	0	0
ADRIANA KONG ROMERO VICE CHAIR	2.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA DRAKE SECRETARY	2.00	X		X				0	0	0
ADDIE LIENING TREASURER	2.00	X		X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number
86-0098932

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .	12,478,448	12,949,273	11,820,491	12,333,588	14,574,558	64,156,358
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	12,478,448	12,949,273	11,820,491	12,333,588	14,574,558	64,156,358
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) . . .						1,444,712
6 Public support. Subtract line 5 from line 4.						62,711,646

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	12,478,448	12,949,273	11,820,491	12,333,588	14,574,558	64,156,358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	111,808	77,154	147,120	196,063	168,438	700,583
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.) . . .						
11 Total support. Add lines 7 through 10						64,856,941
12 Gross receipts from related activities, etc. (see instructions)					12	984,816
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.690 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.090 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar 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 furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section 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 emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (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:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e 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:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
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.			

Additional Data

Software ID:

Software Version:

EIN: 86-0098932

Name: UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA INC

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC	Employer identification number 86-0098932
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
0	
0	
0	
13,274,635	
13,274,635	
813,732	
203,433	
0	
0	

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	780,774	731,298	767,376	813,732	3,093,180
b Lobbying ceiling amount (150% of line 2a, column(e))					4,639,770
c Total lobbying expenditures					
d Grassroots nontaxable amount	195,194	182,824	191,844	203,433	773,295
e Grassroots ceiling amount (150% of line 2d, column (e))					1,159,943
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number 86-0098932

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easement details. Columns: Held at the End of the Year. Rows: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,873,917	1,823,612	1,826,963	1,803,543	1,833,395
b Contributions		60,100			2,301
c Net investment earnings, gains, and losses	44,231	78,841	83,238	103,809	48,308
d Grants or scholarships					
e Other expenditures for facilities and programs	69,294	74,644	73,544	65,831	65,766
f Administrative expenses	14,140	13,992	13,045	14,558	14,695
g End of year balance	1,834,714	1,873,917	1,823,612	1,826,963	1,803,543

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 92.000 %
 - c** Temporarily restricted endowment ▶ 8.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		682	682	0
d Equipment		87,439	87,439	0
e Other		261,393	138,144	123,249
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				123,249

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT OBLIGATIONS	68,812
(3) CAPITAL LEASE OBLIGATIONS	24,133
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	92,945

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0098932

Name: UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	CUSTODIAL LIABILITIES REPRESENT THOSE FUNDS THAT UWTSA IS HOLDING AT THE DISCRETION OF AFFILIATED AND OTHER CHARITABLE ORGANIZATIONS. AGENCY LIABILITIES REPRESENT FUNDS THAT HAVE BEEN DESIGNATED TO AGENCIES THAT UWTSA HAS NOT REMITTED.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	UWTSA'S ENDOWMENTS CONSIST OF THREE FUNDS ESTABLISHED UNDER DONOR RESTRICTION FOR CHARITABLE PURPOSES. FUNDS ARE SUBJECT TO ENDOWMENT SPENDING POLICY AND APPROPRIATION, AND ARE RESTRICTED BY DONORS FOR GENERAL USE, EDUCATION, AND THE VOLUNTEER CENTER.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	STATEMENT ASC 740 (FIN 48) FOOTNOTE FROM CONSOLIDATED FINANCIAL STATEMENTS: BOTH UW TSA AND UWCC ARE EXEMPT FROM INCOME TAXES UNDER BOTH FEDERAL (INTERNAL REVENUE CODE SECTION 501(C)(3)) AND ARIZONA INCOME TAX LAWS. THEY ARE BOTH CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS UNDER INTERNAL REVENUE CODE SECTION 509(A). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THEIR TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number

86-0098932

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BUSINESS BREAKFAST (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	80,306			80,306
2	Less: Contributions	57,061			57,061
3	Gross income (line 1 minus line 2)	23,245			23,245
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,276			9,276
	7 Food and beverages	18,414			18,414
	8 Entertainment				
	9 Other direct expenses	10,419			10,419
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,109
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-14,864

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number

86-0098932

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of 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.

Table with 8 columns: (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 grant or assistance. Rows 1-12.

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY ASSISTANCE	23	13,521			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	EACH FUNDED PROJECT REPORTS SERVICE AND FINANCIAL INFORMATION ON-LINE. PROJECT SPECIALISTS MONITOR REPORTS ON A QUARTERLY BASIS, VISIT SITES, AND REVIEW ANNUAL REPORTS, AUDITS AND OTHER AGENCY INFORMATION ON A REGULAR BASIS TO ENSURE COMPLIANCE. AGENCY AUDITS AND ANNUAL REPORTS ARE MAINTAINED IN A CENTRAL FILE. INVOICES ARE PROCESSED BY THE SPECIALIST AND ARE APPROVED AND PROCESSED THROUGH THE UWTSA FINANCIAL MANAGEMENT SYSTEM THAT TRACKS EXPENDITURES USING SPECIFIED PROJECT CODES. ALL EXPENDITURES ARE MONITORED CLOSELY TO ENSURE THEY ARE USED FOR THE INTENDED PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 86-0098932
Name: UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AJO CENTER FOR SUSTAINABLE AGRICULTURE 901 W MORONDO AVENUE AJO, AZ 85321	38-3909062	501(C)(3)	10,000				GENERAL USE
ALIVE CHRISTIAN CHURCH FELLOWSHIP 9662 N LA CHOLLA BLVD TUCSON, AZ 85742	86-0585270	501(C)(3)	6,650				GENERAL USE

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AMERICAN CANCER SOCIETY - TUCSON 2015 W RIVER ROAD 245 TUCSON, AZ 85704	84-1316555	501(C)(3)	8,472				GENERAL USE
THE AMERIND FOUNDATION INC PO BOX 400 DRAGOON, AZ 85609	86-0122680	501(C)(3)	5,000				GENERAL USE

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AMERICAN RED CROSS - GUAM CHAPTER PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	6,000				GENERAL USE
AMPHITHEATER PUBLIC SCHOOL DISTRICT 701 W WETMORE ROAD TUCSON, AZ 85705	86-6000547	AMPHITHEATRE USD	156,484				GENERAL USE

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ASU FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	86-6051042	501(C)(3)	5,000				GENERAL USE
AVIVA 153 S PLUMER AVENUE TUCSON, AZ 85719	86-0948932	501(C)(3)	7,851				GENERAL USE

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ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702	86-0211777	501(C)(3)	11,250				GENERAL USE
BIG BROTHERS BIG SISTERS 160 E ALAMEDA STREET TUCSON, AZ 85701	86-0188050	501(C)(3)	7,317				GENERAL USE

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EASTER SEALS BLAKE FOUNDATION 7750 E BROADWAY SUITE A200 TUCSON, AZ 85710	86-0093224	501(C)(3)	701,075				GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 857170217	86-0172257	501(C)(3)	15,585				GENERAL USE

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CASA MARIA FREE KITCHEN 401 E 26TH STREET TUCSON, AZ 85713	26-0560732	501(C)(3)	5,077				GENERAL USE
CASA DE LOS NINOS 1120 N 5TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)(3)	1,597,373				GENERAL USE

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CATHOLIC COMMUNITY SERVICES - TUCSON 140 W SPEEDWAY 230 TUCSON, AZ 85705	86-0100880	501(C)(3)	134,036				GENERAL USE
CATHOLIC FOUNDATION - DIOCESE OF TUCSON PO BOX 31 TUCSON, AZ 85702	86-0408580	501(C)(3)	22,820				GENERAL USE

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CHILD & FAMILY RESOURCES - TUCSON 2800 E BROADWAY BLVD TUCSON, AZ 85716	86-0251984	501(C)(3)	824,263				GENERAL USE
CHILD PARENT CENTERS 602 E 22ND STREET TUCSON, AZ 85713	86-0204557	501(C)(3)	38,870				GENERAL USE

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CODAC BEHAVIORAL HEALTH SERVICES 1650 E FORT LOWELL ROAD 202 TUCSON, AZ 85719	23-7086112	501(C)(3)	6,333				GENERAL USE
COMMUNITY FOOD BANK PO BOX 551 TUCSON, AZ 85702	51-0192519	501(C)(3)	71,258				GENERAL USE

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HANDS OF HOPE PO BOX 17070 TUCSON, AZ 85731	94-2750922	501(C)(3)	9,768				GENERAL USE
DIRECT CENTER FOR INDEPENDENCE 1001 N ALVERNON WAY SUITE 101 TUCSON, AZ 85711	86-0780046	501(C)(3)	20,325				GENERAL USE

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DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	7,535				GENERAL USE
EARLY CHILDHOOD DEVELOPMENT GROUP (ECDG) 3472 E FT LOWELL ROAD TUCSON, AZ 85716	26-2633177	501(C)(3)	145,052				GENERAL USE

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EMERGE CENTER AGAINST DOMESTIC ABUSE 2545 E ADAMS STREET TUCSON, AZ 85716	86-0312162	501(C)(3)	23,843				GENERAL USE
FRIEDREICH'S ATAXIA RESEARCH ALLIANCE (FARA) 533 W UWCHLAN AVENUE DOWNTOWN, PA 19335	52-2122720	501(C)(3)	5,000				GENERAL USE

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FEED THE CHILDREN INC 333 N MERIDIAN OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	10,000				GENERAL USE
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 200906749	36-3673599	501(C)(3)	5,000				GENERAL USE

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FLOWING WELLS UNIFIED SCHOOL DISTRICT 1556 W PRINCE ROAD TUCSON, AZ 85705	86-6003684	FLOWING WELLS USD	5,000				GENERAL USE
FOUNDATION FOR POTTSTOWN EDUCATION 230 BEECH STREET POTTSTOWN, PA 19464	22-2630432	501(C)(3)	35,000				GENERAL USE

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FOX TUCSON THEATRE FOUNDATION PO BOX 1008 TUCSON, AZ 85702	86-0965120	501(C)(3)	6,500				GENERAL USE
GOODWILL INDUSTRIES - TUCSON 1940 E SILVERLAKE 405 TUCSON, AZ 85713	86-0223401	501(C)(3)	157,779				GENERAL USE

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GOSPEL RESCUE MISSION OF TUCSON 707 W MIRACLE MILE ROAD TUCSON, AZ 85705	86-6054088	501(C)(3)	21,808				GENERAL USE
GREEN VALLEY ASSISTANCE SERVICES 3950 S CAMINO DEL HEROE GREEN VALLEY, AZ 85614	94-2783969	501(C)(3)	30,000				GENERAL USE

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HABITAT FOR HUMANITY TUCSON 3501 N MOUNTAIN AVENUE TUCSON, AZ 85719	94-2725100	501(C)(3)	34,649				GENERAL USE
HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON, AZ 85732	86-0213263	501(C)(3)	16,600				GENERAL USE

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HERENCIA GUADALUPANA LAB SCHOOLS PO BOX 11172 TUCSON, AZ 85734	15-2473142	501(C)(3)	5,104				GENERAL USE
HIGHER GROUND A RESOURCE CENTER 101 W 44TH STREET TUCSON, AZ 85713	27-3585869	501(C)(3)	8,926				GENERAL USE

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HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER ROAD TUCSON, AZ 85705	86-0112798	501(C)(3)	40,409				GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 W INA ROAD TUCSON, AZ 85741	86-0520997	501(C)(3)	53,177				GENERAL USE

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INTERNATIONAL SONORAN DESERT ALLIANCE PO BOX 687 AJO, AZ 85321	86-0778917	501(C)(3)	11,734				GENERAL USE
INTERNATIONAL RESCUE COMMITTEE INC 1011 N CRAYCROFT ROAD TUCSON, AZ 85711	13-5660870	501(C)(3)	17,500				GENERAL USE

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JOBPATH 616 N COUNTRY CLUB ROAD SUITE 110 TUCSON, AZ 85716	65-1190309	501(C)(3)	5,000				GENERAL USE
JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH 415 N WASHINGTON STREET 4TH FLOOR BALTIMORE, MD 21231	52-0595110	501(C)(3)	5,000				GENERAL USE

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LA FRONTERA 504 W 29TH STREET TUCSON, AZ 85713	86-0742427	501(C)(3)	28,332				GENERAL USE
LA POSADA AT PARK CENTRE INC 780 S PARK CENTRE AVENUE GREEN VALLEY, AZ 85614	86-0828160	501(C)(3)	8,500				GENERAL USE

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LEUKEMIA & LYMPHOMA SOCIETY PO BOX 98018 WASHINGTON, DC 20090	13-5644916	501(C)(3)	5,000				GENERAL USE
LIFE AFTER HATE 917 W WASHINGTON BLVD STUITE 212 CHICAGO, IL 60607	45-3039640	501(C)(3)	8,000				GENERAL USE

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LITERACY CONNECTS 200 E YAVAPAI ROAD TUCSON, AZ 85705	23-7047508	501(C)(3)	71,649				GENERAL USE
LUTHERAN SOCIAL SERVICES SW 6303 E TANQUE VERDE ROAD 101 TUCSON, AZ 85715	86-0252302	501(C)(3)	15,000				GENERAL USE

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MAKE WAY FOR BOOKS 700 N STONE AVENUE TUCSON, AZ 85705	31-1583036	501(C)(3)	140,749				GENERAL USE
MAKE-A-WISH FOUNDATION ARIZONA 2901 N 78TH STREET SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	6,167				GENERAL USE

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MARANA UNIFIED SCHOOL DISTRICT 11279 W GRIER ROAD 115A MARANA, AZ 85753	86-6003545	MARANA USD	81,671				GENERAL USE
OFFICE OF THE PIMA COUNTY SCHOOL SUPERINTENDENT 200 N STONE AVENUE TUCSON, AZ 85701	86-6000545	PIMA COUNTY SUPERINT	44,360				GENERAL USE

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OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH STREET 1 TUCSON, AZ 85711	86-0836556	501(C)(3)	9,390				GENERAL USE
OUR FAMILY SERVICES 2590 N ALVERNON WAY TUCSON, AZ 85712	94-2598560	501(C)(3)	138,788				GENERAL USE

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PARENT AID CHILD ABUSE PREVENTION CENTER 2580 E 22ND STREET TUCSON, AZ 85713	74-2591577	501(C)(3)	20,546				GENERAL USE
PIMA COUNCIL ON AGING 8467 E BROADWAY BLVD TUCSON, AZ 85710	86-0251768	501(C)(3)	187,477				GENERAL USE

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PIMA COUNTY ANIMAL CARE CENTER 4000 N SILVERBELL ROAD TUCSON, AZ 85745	86-6000543	PIMA COUNTY	33,359				GENERAL USE
PIMA COUNTY PUBLIC LIBRARY 101 N STONE AVENUE TUCSON, AZ 85701	86-6000543	PIMA COUNTY	15,000				GENERAL USE

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PIO DECIMO CENTER 848 S 7TH AVENUE TUCSON, AZ 85701	53-0196617	501(C)(3)	27,096				GENERAL USE
PLANNED PARENTHOOD SOUTHERN ARIZONA 4751 N 15TH STREET PHOENIX, AZ 85014	86-0146520	501(C)(3)	22,678				GENERAL USE

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POTTSTOWN PUBLIC LIBRARY 500 HIGH STREET POTTSTOWN, PA 19464	23-0985220	POTTSTOWN PA	12,500				GENERAL USE
PRIMAVERA FOUNDATION INC 151 W 40TH STREET TUCSON, AZ 85711	86-0733182	501(C)(3)	91,861				GENERAL USE

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RONALD MCDONALD HOUSE TUCSON 2155 E ALLEN ROAD TUCSON, AZ 85719	95-3526934	501(C)(3)	9,574				GENERAL USE
SOUTHERN ARIZONA AIDS FOUNDATION 375 S EUCLID AVENUE TUCSON, AZ 85719	86-0864100	501(C)(3)	20,373				GENERAL USE

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SOUTHERN ARIZONA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN PO BOX 68475 ORO VALLEY, AZ 85737	23-7095345	501(C)(3)	85,171				GENERAL USE
SAHUARITA FOOD BANK 17750 S LA CANADA DRIVE SAHUARITA, AZ 85629	47-1654162	501(C)(3)	10,000				GENERAL USE

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SAHUARITA UNIFIED SCHOOL DISTRICT #30 350 W SAHUARITA ROAD SAHUARITA, AZ 85629	43-2007205	SAHUARITA USD 30	5,000				GENERAL USE
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER STREET TUCSON, AZ 85719	86-0705131	501(C)(3)	8,453				GENERAL USE

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SAN MIGUEL CORPORATE INTERNSHIP 6601 S SAN FERNANDO ROAD TUCSON, AZ 85756	77-0649648	501(C)(3)	12,000				GENERAL USE
SAVING ANIMALS FROM EUTHANASIA 3661 N CAMPBELL AVENUE PMB220 TUCSON, AZ 85719	01-0662899	501(C)(3)	6,274				GENERAL USE

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SOUTHERN ARIZONA LEGAL AID INC 2343 E BROADWAY BLVD SUITE 200 TUCSON, AZ 85719	86-0143449	501(C)(3)	5,612				GENERAL USE
DIAPER BANK OF SOUTHERN ARIZONA 1050 S PLUMER AVENUE TUCSON, AZ 85719	43-1990345	501(C)(3)	10,355				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE'S CHILDREN RESEARCH 501 ST JUDE PLACE MEMPHIS, TN 381051942	62-0646012	501(C)(3)	7,497				GENERAL USE
ST VINCENT DE PAUL SOCIETY 829 S 6TH AVENUE TUCSON, AZ 85701	86-0104418	501(C)(3)	7,660				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANDREW'S PRESBYTERIAN CHURCH 7650 N PASEO DEL NORTE TUCSON, AZ 85704	86-0364537	501(C)(3)	8,000				GENERAL USE
STANFORD UNIVERSITY LAW SCHOOL PO BOX 20466 STANFORD, CA 943090466	94-1156365	501(C)(3)	7,500				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYSIDE FOUNDATION INC 2238 E GINTER ROAD TUCSON, AZ 85706	86-0459085	501(C)(3)	7,500				GENERAL USE
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E GINTER ROAD TUCSON, AZ 85706	86-6000792	SUNNYSIDE USD	535,059				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEEN CHALLENGE OF ARIZONA INC PO BOX 5966 TUCSON, AZ 85703	86-0869349	501(C)(3)	5,498				GENERAL USE
TMC FOUNDATION 5301 E GRANT ROAD PATIO BLDG TUCSON, AZ 85712	52-1627574	501(C)(3)	6,334				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOHONO O'ODHAM COMMUNITY COLLEGE PO BOX 3129 SELLS, AZ 85634	86-0931108	501(C)(3)	103,240				GENERAL USE
TUCSON MUSEUM OF ART 140 N MAIN AVENUE TUCSON, AZ 85701	86-6006371	501(C)(3)	9,000				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCSON SYMPHONY ORCHESTRA SOCIETY 2175 N 6TH AVENUE TUCSON, AZ 85705	86-0107538	501(C)(3)	17,500				GENERAL USE
TUCSON CONQUISTADORES FOUNDATION 6450 E BROADWAY BLVD TUCSON, AZ 85710	20-1940513	501(C)(3)	5,500				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN ARIZONA 1515 E CEDAR AVENUE SUITE D1 FLAGSTAFF, AZ 86004	86-0211666	501(C)(3)	32,744				GENERAL USE
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON, AZ 857210109	86-6050388	501(C)(3)	31,483				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA - COOPERATIVE EXTENSION PO BOX 210109 TUCSON, AZ 85719	86-6050388	STATE OF ARIZONA	39,691				GENERAL USE
UNIVERSITY OF ARIZONA PO BOX 210109 TUCSON, AZ 85719	86-6050388	STATE OF ARIZONA	49,995				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAIL UNIFIED SCHOOL DISTRICT PO BOX 800 VAIL, AZ 85641	86-0617696	VAIL USD	48,246				GENERAL USE
VERITAS ACADEMY OF TUCSON PO BOX 35263 TUCSON, AZ 85740	26-2546349	501(C)(3)	10,804				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN INC 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	5,000				GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702	86-0101237	501(C)(3)	7,590				GENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712	86-0644388	501(C)(3)	29,451				GENERAL USE
YWCA OF SOUTHERN ARIZONA 525 N BONITA AVENUE TUCSON, AZ 85745	86-0098937	501(C)(3)	51,246				GENERAL USE

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number
86-0098932

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TONY PENN PRESIDENT & CEO	(i)	235,313	30,419	69,372	6,458	7,525	349,087	32,350
	(ii)	0	0	0	0	0	0	0
2 LAVONNE DOUVILLE EXECUTIVE VICE PRESIDENT	(i)	135,293	16,000	0	4,379	825	156,497	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	TONY PENN, PRESIDENT & CEO, PARTICIPATED IN A DEFERRED COMPENSATION PLAN UNDER SECTION 457(F). IN 2019, MR. PENN RECEIVED A TOTAL DISTRIBUTION OF \$69,372 AND THE PLAN TERMINATED.
PART I, LINE 7	THE PRESIDENT/CEO OF UWTSA IS ENTITLED TO RECEIVE PERFORMANCE BASED INCENTIVE COMPENSATION IN AN AMOUNT NOT TO EXCEED 20% OF THE ANNUALIZED BASE SALARY PER YEAR CONTINGENT UPON THE ACCOMPLISHMENT OF MEASURABLE PERFORMANCE STANDARDS TO BE ESTABLISHED BY MUTUAL AGREEMENT BETWEEN THE PRESIDENT/CEO AND THE BOARD OF UWTSA. THE EXECUTIVE VICE-PRESIDENT, SR. VICE-PRESIDENT, AND CFO ARE ENTITLED TO RECEIVE PERFORMANCE BASED INCENTIVE COMPENSATION BASED ON THE ACCOMPLISHMENT OF MEASURABLE PERFORMANCE STANDARDS AS ESTABLISHED BY THE PRESIDENT/CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number
86-0098932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		265	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	103,123	NYSE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
RENAISSANCE FESTIVAL	X	1	7,724	FMV
25 Other ▶ (TICKETS)				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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.

▶ Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA INC

Employer identification number

86-0098932

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED ON MARCH 25, 2020. PREVIOUSLY A BOARD SEAT HAD BEEN RESERVED FOR THE CURRENT PIMA AREA LABOR FEDERATION CHAIR OR DESIGNATED ALTERNATE. PER THE AMENDED BYLAWS, A BOARD SEAT MAY BE FILLED BY THE CURRENT PIMA AREA LABOR FEDERATION CHAIR OR DESIGNATED ALTERNATE, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS AND SUBJECT TO THE TERM LIMITS IMPOSED ON ALL OTHER MEMBERS OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER THE AUDIT COMMITTEE HAS REVIEWED AND APPROVED THE DRAFT 990, IT IS EMAILED TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS AND EMPLOYEES. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THE COVERED PERSON RECEIVED THE POLICY, UNDERSTANDS THE POLICY, AND AGREES TO COMPLY WITH THE POLICY. A COVERED INDIVIDUAL MAY HAVE A FINANCIAL INTEREST DIRECTLY OR INDIRECTLY THROUGH BUSINESS, INVESTMENT OR FAMILY. THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND DISCLOSE THE MATERIAL FACTS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND REPORTING TO THE BOARD OF DIRECTORS. PERIODIC REVIEWS ENSURE THAT UWTSA OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES. THE PERIODIC REVIEWS INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, WHETHER THIRD-PARTY TRANSACTIONS RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT, AND WHETHER PARTNERSHIPS AND JOINT VENTURES CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER UWTSA'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. AFTER DISCLOSURE, THE BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE UNCONFLICTED MEMBERS WILL DETERMINE IF ENTERING INTO THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. ANNUALLY, EACH COVERED PERSON SHALL BE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION COMMISSIONED AN INDEPENDENT EXECUTIVE COMPENSATION MARKET ANALYSIS, AND REVIEWED THE RESULTS OF THE PRESIDENT/CEO'S PERFORMANCE MEASURES. BASED ON THE COMPENSATION MARKET ANALYSIS AND PERFORMANCE RESULTS, THE EXECUTIVE COMMITTEE PRESENTED ITS COMPENSATION RECOMMENDATION FOR THE PRESIDENT/CEO TO THE BOARD OF DIRECTORS. COMPENSATION IS FORMALIZED IN AN EMPLOYMENT AGREEMENT WITH THE PRESIDENT/CEO. THE LAST AGREEMENT WAS EXECUTED JULY 1, 2018 WITH AN ADDENDUM EXECUTED SEPTEMBER 13, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990, AUDIT REPORTS AND OTHER DOCUMENTS ARE POSTED ON OUR WEBSITE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA INC

Employer identification number

86-0098932

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY CAPITAL CORPORATION 330 N COMMERCE PARK LOOP 200 TUCSON, AZ 85745 86-0984771	LEASE FACILITIES TO NONPROFITS AT BELOW MARKET RATES	AZ	501(C)(3)	LINE 12A, I	UNITED WAY OF TUCSON AND SOUTHERN ARIZONA	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY CAPITAL CORPORATION	C	328,667	CASH RECEIVED
(2) UNITED WAY CAPITAL CORPORATION	K	254,705	CASH PAID
(3) UNITED WAY CAPITAL CORPORATION	K	188,006	FMV IN EXCESS OF CASH PAID
(4) UNITED WAY CAPITAL CORPORATION	Q	15,008	CASH RECEIVED

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation