

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization
MESA UNITED WAY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
137 EAST UNIVERSITY DRIVE

City or town, state or province, country, and ZIP or foreign postal code
MESA, AZ 852015929

D Employer identification number
86-0198599

E Telephone number
(480) 969-8601

G Gross receipts \$ 4,999,966

F Name and address of principal officer:
MARK YOUNG
137 EAST UNIVERSITY DRIVE
MESA, AZ 852015929

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: ▶ WWW.MESAUNITEDWAY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1966

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNITING COMMUNITY. INSPIRING DONORS. IMPROVING LIVES.

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)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	26
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	69
6 Total number of volunteers (estimate if necessary)	523
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,380,954	4,126,840
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,201	234,800
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,008	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,455,147	4,361,640

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,938,439	2,275,480
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)	1,176,500	1,172,528
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 368,182		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	787,066	805,058
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,902,005	4,253,066
19 Revenue less expenses. Subtract line 18 from line 12	553,142	108,574

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,619,681	5,099,994
21 Total liabilities (Part X, line 26)	1,727,729	880,333
22 Net assets or fund balances. Subtract line 21 from line 20	3,891,952	4,219,661

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: 2022-05-16

MARK YOUNG PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2022-05-16	Check <input type="checkbox"/> if self-employed	PTIN P01300648
Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
Firm's address ▶ 20 EAST THOMAS ROAD SUITE 2300 PHOENIX, AZ 85012	Phone no. (602) 266-2248			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:
 UNITING COMMUNITY. INSPIRING DONORS. IMPROVING LIVES.

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 \$ 3,123,066 including grants of \$ 2,275,480) (Revenue \$ 0)
 See Additional Data

4b (Code:) (Expenses \$ 342,014 including grants of \$ 0) (Revenue \$ 0)
 See Additional Data

4c (Code:) (Expenses \$ 171,452 including grants of \$ 0) (Revenue \$ 0)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 3,636,532

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 14.

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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 (26), 1b (26), 2 (Yes), 3 (No), 4 (No), 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 (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b (No).

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: ALLISON JOHNSON 137 EAST UNIVERSITY DRIVE MESA, AZ 852015929 (480) 969-8601

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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	2,275,480	2,275,480		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	167,502	86,006	72,557	8,939
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	755,187	530,147	43,810	181,230
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,879	22,131	5,317	6,431
9 Other employee benefits	144,948	105,208		39,740
10 Payroll taxes	71,012	48,961	7,123	14,928
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	318,452	295,657	9,679	13,116
12 Advertising and promotion	3,313	2,552	612	149
13 Office expenses	133,834	85,431	7,430	40,973
14 Information technology				
15 Royalties				
16 Occupancy	122,540	82,427	17,897	22,216
17 Travel	11,203	10,536	194	473
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,029	1,630	399	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,848	63,924	31,962	31,962
23 Insurance	10,775	6,989	1,262	2,524
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 UNITED WAY DUES	34,628		34,628	
b DUES AND SUBSCRIPTIONS	21,768	19,453	1,890	425
c OTHER	13,592		13,592	
d EVENT EXPENSES	5,076			5,076
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,253,066	3,636,532	248,352	368,182
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	979,333	1	0
	2 Savings and temporary cash investments		2	509,463
	3 Pledges and grants receivable, net	718,668	3	650,487
	4 Accounts receivable, net		4	
	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	3,000	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,700	9	2,447
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,486,040		
	b Less: accumulated depreciation	1,146,196		
	11 Investments—publicly traded securities	2,372,720	11	2,513,003
	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	81,568	15	84,750
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,619,681	16	5,099,994	
Liabilities	17 Accounts payable and accrued expenses	266,662	17	284,852
	18 Grants payable	174,222	18	222,492
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	312,048	23	312,048
	24 Unsecured notes and loans payable to unrelated third parties	95,267	24	0
	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	879,530	25	60,941
	26 Total liabilities. Add lines 17 through 25	1,727,729	26	880,333
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	2,582,927	27	2,820,204
	28 Net assets with donor restrictions	1,309,025	28	1,399,457
	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	3,891,952	32	4,219,661	
33 Total liabilities and net assets/fund balances	5,619,681	33	5,099,994	

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	4,361,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,253,066
3	Revenue less expenses. Subtract line 2 from line 1	3	108,574
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,891,952
5	Net unrealized gains (losses) on investments	5	301,035
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	-81,900
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,219,661

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		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0198599

Name: MESA UNITED WAY INC

Form 990 (2020)

Form 990, Part III, Line 4a:

AGENCY ALLOCATIONS - MESA UNITED WAY TYPICALLY PROVIDES GRANT FUNDING TO OTHER LOCAL NONPROFITS THROUGH A DISTRIBUTION OF UNDESIGNATED DOLLARS. THIS PROCESS USUALLY CONSISTS OF USING COMMUNITY SURVEYS AND RESEARCH TO IDENTIFY AREAS OF NEED AND ACCEPTING APPLICATIONS FROM LOCAL PARTNERS THAT ADDRESS THOSE NEEDS. IN THE 2020-21 FISCAL YEAR, THIS EFFORT FOCUSED ON ADDRESSING NEEDS RELATED TO COVID-19 RELIEF. THIS PROCESS IS CONTINGENT ON MESA UNITED WAY RECEIVING UNDESIGNATED DONATIONS THROUGH THE YEARLY WORKPLACE CAMPAIGN AND FUNDRAISING EFFORTS.

Form 990, Part III, Line 4b:

COMMUNITY IMPACT - THE COMMUNITY IMPACT PROGRAM IS RESPONSIBLE FOR CARRYING OUT MESA UNITED WAY'S MISSION. THIS PROGRAM BRINGS MESA UNITED WAY STAFF TOGETHER WITH VOLUNTEERS, AGENCIES, AND COMPANIES IN MESA TO HELP MEMBERS OF THE COMMUNITY LEAD BETTER, MORE SELF-SUFFICIENT LIVES. COMMUNITY IMPACT IS ACCOMPLISHED THROUGH FUNDING AGENCY AND GRANT PROGRAMS, DEVELOPING AND EXECUTING INITIATIVES, AND BUILDING RELATIONSHIPS BETWEEN COMMUNITY MEMBERS. CURRENT INITIATIVES ARE: 12 BOOKS/MESA YOUTH UNITE PROGRAM (LITERACY AND HUNGER INTERVENTION FOR LOW-INCOME AND LOW-PERFORMING CHILDREN BETWEEN KINDERGARTEN AND THIRD GRADE), HELEN'S HOPE CHEST (CLOTHING FOR FOSTER AND KINSHIP FAMILIES), FOSTER360 (RESOURCE NAVIGATION AND HOMELESSNESS INTERVENTION FOR AGING-OUT FOSTER YOUTH), MESA VETERANS RESOURCE CENTER (RESOURCE NAVIGATION AND ESSENTIAL SERVICES PROVIDED TO VETERANS THROUGH A ONE-STOP-SHOP CENTER), AMERICORPS (A VOLUNTEER SERVICE PROGRAM PROVIDING SUPPORT FOR FOSTER CARE INITIATIVES AT MESA UNITED WAY AND HELENS HOPE CHEST), AND VITA (VOLUNTEER INCOME TAX ASSISTANCE PROGRAM PROVIDING FREE TAX RETURN PREPARATION TO LOW- TO MODERATE-INCOME FAMILIES AND INDIVIDUALS).

Form 990, Part III, Line 4c:

MESA VETERANS RESOURCE CENTER - THE MESA VETERANS RESOURCE CENTER (MVRC) PROVIDES A CENTRALIZED LOCATION IN MESA OFFERING COMPREHENSIVE RESOURCES TO ACCESS SERVICES AND PERSONAL ASSISTANCE WITH EMPLOYMENT, SOFT SKILLS TRAINING, RESUME BUILDING, BENEFIT CLAIMS AND COUNSELING, HEALTHCARE, TRANSPORTATION, WORKSHOPS, HOMELESSNESS, AND MENTAL HEALTH. OUR GOAL IS TO WALK ALONGSIDE THESE VETERANS TO GET THEM THE RESOURCES AND TOOLS THEY NEED TO NOT ONLY GET BY, BUT TO SUCCEED. CURRENTLY, THE MESA VETERANS RESOURCE CENTER IS SERVING AROUND 200 VETERANS PER MONTH, UTILIZING VETERANS SERVICE OFFICERS AND COMMUNITY NAVIGATORS. A PARTNERSHIP WITH AZ@WORK HAS CREATED 250 NEW JOB OPPORTUNITIES FOR LOCAL VETERANS AT OUTSTANDING PER-HOUR PAY.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

MESA K-READY - A COLLABORATION BETWEEN MESA UNITED WAY, THE CITY OF MESA, AND MESA PUBLIC SCHOOLS, MESA K-READY OFFERS INNOVATIVE PRE-SCHOOL SOLUTIONS FOR FAMILIES WHO CANNOT AFFORD MORE TRADITIONAL PRE-SCHOOL OR WHO CAN'T GET INTO THE CURRENT BRICK AND MORTAR PUBLIC PRE-SCHOOLS. CURRENTLY, MESA K-READY IS WORKING WITH 150 FAMILIES TO HELP PARENTS BECOME THEIR CHILD'S FIRST BEST TEACHER.

(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM - THE VITA PROGRAM IS A FREE TAX PREPARATION SERVICE FOR LOW- AND MODERATE- INCOME PEOPLE IN THE COMMUNITY. MESA UNITED WAY HAS SUPPORTED VITA FOR MANY YEARS, BUT FOR THE LAST 12 YEARS HAS BEEN THE LEAD AGENCY FOR THE MESA PROGRAM. VOLUNTEERS ARE PROVIDED WITH TRAINING TO PREPARE TAX RETURNS AND THEN MUST PASS AN INTERNAL REVENUE SERVICE (IRS) CERTIFICATION TEST. DURING THE 2020-2021 TAX YEAR, 75 MESA UNITED WAY VITA VOLUNTEERS CONTRIBUTED OVER 7000 HOURS OF THEIR TIME TO COMPLETE MORE THAN 4,800 TAX RETURNS. THEIR EFFORTS RETURNED OVER \$6.1 MILLION IN TAX REFUNDS TO THE MEMBERS OF OUR COMMUNITY WHO NEED IT MOST. OVER 1,100 HOURS OF TAX PREPARATION SERVICES WERE PROVIDED AT 10 DIFFERENT SITES LOCATED IN MESA AND CHANDLER. THE FACILITIES FOR VITA SITES ARE PROVIDED BY MESA VITA COALITION PARTNERS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

AMERICORPS "HELEN'S HOPE CHEST" - THIS GRANT IS GEARED SPECIFICALLY TO PLACE MESA RESIDENTS AS DIRECT SERVICE DELIVERY PROFESSIONALS TO THE HELEN'S HOPE CHEST AND FOSTER 360 PROGRAMS. OVER 80% OF THE STAFF ARE AMERICORPS MEMBERS. THIS RESULTS IN LOWERED OVERHEAD COSTS AND ALLOWS A LARGER SHARE OF RESOURCES DEVOTED TO DIRECTLY IMPACTING THE CHILD AND HIS OR HER FOSTER FAMILY. LAST YEAR, 18 AMERICORPS MEMBERS SERVED FOR OVER 9,950 HOURS BETWEEN THE TWO PROGRAMS HOSTED BY A SINGLE NONPROFIT AGENCY. THIS PROGRAM IS IN ITS THIRD YEAR OF OPERATION, AND HAS BEEN APPROVED FOR A SUBSEQUENT YEAR.

(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

12 BOOKS/MESA YOUTH UNITE - 12BOOKS IS DESIGNED TO PROVIDE FREE BOOKS TO CHILDREN IN 1ST-3RD GRADE IN MESA'S TITLE-I PUBLIC SCHOOLS. STUDIES SHOW THAT CHILDREN WITHOUT ACCESS TO AGE-APPROPRIATE READING MATERIAL EXPERIENCE SEVERE LOSS IN READING SKILLS OVER SUMMER VACATION AS WELL AS LEARNING CHALLENGES LATER ON IN LIFE. 12BOOKS DISTRIBUTIONS ARE MUCH LIKE ANY OTHER BOOK FAIR WHERE STUDENTS ARE ABLE TO MAKE THEIR OWN SELECTIONS TO BUILD THEIR AT-HOME LIBRARY. 12BOOKS ALSO PROVIDES BOOKS FOR MESA UNITED WAY'S SUMMER PROGRAM, MESA YOUTH UNITE, AN AMERICORPS PROGRAM THAT HIRES 20 STUDENTS TO WORK WITH LOW INCOME FAMILIES AND PROVIDE WEEKEND FOOD PACKS FOR CHILDREN IN SUMMER SCHOOL. IN THIS DISTRIBUTION YEAR, 12 BOOKS AND MESA YOUTH UNITE HAVE DISTRIBUTED MORE THAN 9,000 BOOKS AND 25,000 EQUIVALENT MEALS TO CHILDREN AND FAMILIES IN NEED.

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			
MARK YOUNG PRESIDENT & CEO	32.00 8.00			X				77,599	19,400	15,110
W RICHARD JAMES V.P. OF BUSINESS & FINANCE	34.00 6.00			X				66,825	11,793	14,173
LYNN WESTERGARD CHAIR	1.00 1.00	X		X				0	0	0
VERONICA LEWIS VICE CHAIR	1.00 1.00	X		X				0	0	0
CHRISTOPHER JONES TREASURER	1.00 1.00	X		X				0	0	0
SPENCER DICKSON SECRETARY	1.00 1.00	X		X				0	0	0
JO WILSON ETHICS OFFICER	1.00 1.00	X		X				0	0	0
RICHARD J ADAMS JR DIRECTOR	1.00 0.00	X						0	0	0
BYRON F ALLEN DIRECTOR	1.00 1.00	X						0	0	0
PAUL ANDERSON DIRECTOR	1.00 0.00	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			
LORI M BERQUAM DIRECTOR	1.00 0.00	X						0	0	0
THOMAS BROWN DIRECTOR	1.00 0.00	X						0	0	0
SUSAN CARLAND DIRECTOR	1.00 0.00	X						0	0	0
ANDRIA L FOURLIS DIRECTOR	1.00 0.00	X						0	0	0
MARC GARCIA DIRECTOR	1.00 0.00	X						0	0	0
KINA HARDING DIRECTOR	1.00 0.00	X						0	0	0
SALLY HARRISON DIRECTOR	1.00 1.00	X						0	0	0
FRANCISCO HEREDIA DIRECTOR	1.00 0.00	X						0	0	0
SETH MARTY DIRECTOR	1.00 1.00	X						0	0	0
DEBBIE MIDDLETON DIRECTOR	1.00 0.00	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			
KEISHA MCKINNOR DIRECTOR	1.00 0.00	X						0	0	0
KEVIN R NIELSEN DIRECTOR	1.00 0.00	X						0	0	0
ANNA PEREZ DIRECTOR	1.00 1.00	X						0	0	0
ANDREW C SARAT DIRECTOR	1.00 0.00	X						0	0	0
TOM SCHILDGEN DIRECTOR	1.00 0.00	X						0	0	0
JONATHAN SCHMITT DIRECTOR	1.00 1.00	X						0	0	0
LAURA SNOW DIRECTOR	1.00 0.00	X						0	0	0
DR RUTH TAN LIM DIRECTOR	1.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MESA UNITED WAY INC

Employer identification number
86-0198599

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,786,127	3,823,941	4,211,474	4,395,161	4,126,840	20,343,543
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	3,786,127	3,823,941	4,211,474	4,395,161	4,126,840	20,343,543
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) . . .						
6 Public support. Subtract line 5 from line 4.						20,343,543

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	3,786,127	3,823,941	4,211,474	4,395,161	4,126,840	20,343,543
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	75,690	77,339	60,313	58,947	23,661	295,950
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						20,639,493
12 Gross receipts from related activities, etc. (see instructions)					12	53,344

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	98.570 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	97.990 %

16a 33 1/3% support test—2020. 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

b 33 1/3% support test—2019. 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

17a 10%-facts-and-circumstances test—2020. 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

b 10%-facts-and-circumstances test—2019. 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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
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
MESA UNITED WAY INC

Employer identification number
86-0198599

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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? Yes No

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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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? Yes No

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)? Yes No

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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 FASB 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	664,123	628,229	639,498	605,122	590,267
b Contributions					
c Net investment earnings, gains, and losses	102,879	35,894	42,991	40,784	44,785
d Grants or scholarships			48,718		23,818
e Other expenditures for facilities and programs					
f Administrative expenses	6,423		5,542	6,408	6,112
g End of year balance	760,579	664,123	628,229	639,498	605,122

- 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 ▶ 82.990 %
 - c** Term endowment ▶ 17.010 %
- 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		12,475		12,475
b Buildings		2,177,010	863,266	1,313,744
c Leasehold improvements				
d Equipment		289,555	275,930	13,625
e Other		7,000	7,000	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,339,844

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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) CASH HELD IN TRUST	52,756
(3) CAPITAL LEASE OBLIGATIONS	8,185
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	60,941

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: 86-0198599

Name: MESA UNITED WAY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TO PROVIDE AN INSTRUMENT FOR LONG TERM AND DEFERRED DONATIONS. EACH YEAR, 4% OF ENDOWMENT FUND BALANCE WILL BE ALLOCATED TO A QUALIFIED MEMBER AGENCY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAVE NO PROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, MESA UNITED WAY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI) WOULD BE TAXABLE. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY WITH RESPECT TO THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENTS RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THIS POLICY HAD NO IMPACT ON MESA UNITED WAY'S FINANCIAL STATEMENTS. MESA UNITED WAY FILES AS A TAX-EXEMPT ORGANIZATION.</p>

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization MESA UNITED WAY INC

Employer identification number 86-0198599

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 21
3 Enter total number of other organizations listed in the line 1 table 1

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)					
(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:	AN INDEPENDENT COMMITTEE REVIEWS APPLICATIONS FOR FUNDING FROM VARIOUS ORGANIZATIONS ON AN ANNUAL BASIS. FUNDING AMOUNTS ARE BASED ON THE OVERALL STRENGTH OF THE ORGANIZATIONS PROGRAM, THEIR OVERHEAD LEVEL, AND AUDIT RESULTS. ORGANIZATIONS SUBMIT A QUARTERLY REPORT ON THE STATUS OF THE PROGRAM BEING FUNDED. THE REPORTS ARE REVIEWED FOR ADEQUACY AND FUNDS, FOR THAT QUARTER, ARE SUBSEQUENTLY DISTRIBUTED.

Additional Data

Software ID:
Software Version:
EIN: 86-0198599
Name: MESA UNITED WAY 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
HELEN'S HOPE CHEST 137 E UNIVERSITY DRIVE MESA, AZ 85201	46-4747933	501(C)(3)	681,599				DONOR DESIGNATIONS
ARIZONA BRAINFOOD INC PO BOX 242 MESA, AZ 85211	26-3946158	501(C)(3)	67,710				COVID-19 OPERATING SUPPORT AND DONOR DESIGNATIONS

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
ASTER AGING INC (FKA EAST VALLEY ADULT RESOURCES INC) 45 W UNIVERSITY DR MESA, AZ 85201	94-2596075	501(C)(3)	50,000				COVID-19 OPERATING SUPPORT
ST JOSEPH THE WORKER 1125 W JACKSON ST PHOENIX, AZ 85007	86-0600437	501(C)(3)	50,000				COVID-19 OPERATING SUPPORT

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
COLLEGE BOUND 4222 E BROWN RD UNIT 33 MESA, AZ 85205	27-1997517	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE 879 N PLAZA DRIVE 101D APACHE JUNCTION, AZ 85120	86-0912044	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT

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
COMMUNITY LEGAL SERVICES 305 S 2ND AVE PHOENIX, AZ 85003	86-0166615	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT
DAV EAST VALLEY CHAPTER 8 655 N GILBERT RD MESA, AZ 85203	86-0323183	501(C)(4)	8,000				COVID-19 OPERATING SUPPORT

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
HEAL THE HERO FOUNDATION 6501 E GREENWAY PKWY STE 103-121 SCOTTSDALE, AZ 85254	47-4750390	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT
KIDS NEED TO READ 2450 W BROADWAY RD STE 110 MESA, AZ 85202	26-2755631	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT

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
OAKWOOD CREATIVE CARE INC 247 N MACDONALD STE 102 MESA, AZ 85201	86-0575242	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT
PAZ DE CRISTO COMMUNITY CENTER 424 W BROADWAY ROAD MESA, AZ 85210	26-1669496	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT

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
RESURRECTION STREET MINISTRY INC 891 W BOXELDER PL CHANDLER, AZ 85225	55-0799053	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT
OPERATION UNDERGROUND RAILROAD INC 755 SOUTH MAIN STREET SUITE 194 CEDAR CITY, UT 84720	46-3614979	501(C)(3)	8,000				COVID-19 OPERATING SUPPORT

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
MARICOPA COMMUNITY COLLEGES FOUNDATION 2419 W 14TH ST TEMPE, AZ 85281	86-0327449	501(C)(3)	13,999				DONOR DESIGNATIONS
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 85201	86-0324144	501(C)(3)	10,680				DONOR DESIGNATIONS

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
A NEW LEAF 868 E UNIVERSITY DR MESA, AZ 85203	86-0256667	501(C)(3)	6,436				DONOR DESIGNATIONS
HOUSE OF REFUGE 6935 E WILLIAMS FIELD RD MESA, AZ 85212	86-0662244	501(C)(3)	6,125				DONOR DESIGNATIONS

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
LA MESA MINISTRIES 805 N COUNTRY CLUB DR MESA, AZ 85201	82-3717093	501(C)(3)	5,735				DONOR DESIGNATIONS
ALTERED TAILS 7246 E MAIN ST 3 MESA, AZ 85207	02-0710228	501(C)(3)	5,522				DONOR DESIGNATIONS

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
SUNSHINE ACRES 3405 N HIGLEY RD MESA, AZ 85215	86-0196532	501(C)(3)	5,132				DONOR DESIGNATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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
MESA UNITED WAY INC

Employer identification number
86-0198599

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		13,069	IRS CHART
5 Clothing and household goods	X		74,429	DONOR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
25 Other ▶ (_____)				
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** 0

	Yes	No
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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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):	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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the organization
MESA UNITED WAY INC

Employer identification number

86-0198599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AGENCY ALLOCATIONS: MESA UNITED WAY TYPICALLY PROVIDES GRANT FUNDING TO OTHER LOCAL NONPRO FITS THROUGH A DISTRIBUTION OF UNDESIGNATED DOLLARS. THIS PROCESS USUALLY CONSISTS OF USIN G COMMUNITY SURVEYS AND RESEARCH TO IDENTIFY AREAS OF NEED AND ACCEPTING APPLICATIONS FROM LOCAL PARTNERS THAT ADDRESS THOSE NEEDS. IN THE 2020-21 FISCAL YEAR, THIS EFFORT FOCUSED ON ADDRESSING NEEDS RELATED TO COVID-19 RELIEF. THIS PROCESS IS CONTINGENT ON MESA UNITED WAY RECEIVING UNDESIGNATED DONATIONS THROUGH THE YEARLY WORKPLACE CAMPAIGN AND FUNDRAISING EFFORTS. IN FISCAL YEAR 2021-22, THIS PROCESS WAS PLACED ON HOLD DUE TO LACK OF FUNDS RAI SED IN THE PREVIOUS FUNDRAISING YEAR. MESA UNITED WAY ANTICIPATES BEING ABLE TO PROVIDE TH IS COMMUNITY SERVICES AGAIN IN FISCAL YEAR 2022-23, AFTER A MORE SUCCESSFUL FUNDRAISING YE AR.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>COMMUNITY IMPACT: THE COMMUNITY IMPACT PROGRAM IS RESPONSIBLE FOR CARRYING OUT MESA UNITED WAY'S MISSION. THIS PROGRAM BRINGS MESA UNITED WAY STAFF TOGETHER WITH VOLUNTEERS, AGENCIES, AND COMPANIES IN MESA TO HELP MEMBERS OF OUR COMMUNITY LEAD BETTER, MORE SELF-SUFFICIENT LIVES. COMMUNITY IMPACT IS ACCOMPLISHED THROUGH FUNDING AGENCY AND GRANT PROGRAMS, DEVELOPING AND EXECUTING INITIATIVES AND BUILDING RELATIONSHIPS BETWEEN COMMUNITY MEMBERS. CURRENT INITIATIVES ARE: VOLUNTEER INCOME TAX ASSISTANCE (VITA), A PROGRAM DESIGNED TO ASSIST LOW-INCOME FAMILIES AND INDIVIDUALS WITH INCOME TAX RETURN PREPARATION; MESA UNITED AGAINST HOMELESSNESS, AN AMERICORPS PROGRAM DESIGNED TO INCREASE THE CAPACITY OF MEMBER AGENCIES TO PROVIDE DIRECT SERVICES TO THOSE IN NEED; HELEN'S HOPE CHEST AMERICORPS, AN AMERICORPS PROGRAM DESIGNED TO LOWER OVERHEAD COSTS AT HELEN'S HOPE CHEST AND ALLOW A LARGER SHARE OF RESOURCES TO DIRECTLY IMPACT THE CHILD AND HIS OR HER FOSTER FAMILY; VETERANS BRIDGE TO EMPLOYMENT AT THE MESA VETERAN'S RESOURCE CENTER, A RECENT INITIATIVE WHICH PROVIDES A CENTRALIZED LOCATION IN MESA OFFERING COMPREHENSIVE RESOURCES TO ACCESS SERVICES AND PERSONAL ASSISTANCE WITH EMPLOYMENT, SOFT SKILLS TRAINING, RESUME BUILDING, BENEFIT CLAIMS AND COUNSELING, HEALTHCARE, TRANSPORTATION, WORKSHOPS, HOMELESSNESS, AND MENTAL HEALTH; 12 BOOKS, A PROGRAM DESIGNED TO PUT BOOKS IN THE HANDS OF UNDERPRIVILEGED CHILDREN THROUGHOUT THE COMMUNITY; MESA K-READY, A COLLABORATION BETWEEN MESA UNITED WAY, THE CITY OF MESA, AND MESA PUBLIC SCHOOLS, MESA K-READY OFFERS INNOVATIVE PRE-SCHOOL SOLUTIONS FOR FAMILIES WHO CANNOT AFFORD MORE TRADITIONAL PRE-SCHOOL OR WHO CAN'T GET INTO THE CURRENT BRICK AND MORTAR PUBLIC PRE-SCHOOLS; MESA UNITES AGAINST HUNGER AND HOMELESSNESS, A PROGRAM DESIGNED TO REDUCE THE NUMBER OF HOMELESS ON THE STREETS OF MESA AND NEIGHBORING COMMUNITIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>MESA VETERANS RESOURCE CENTER "VETERANS BRIDGE TO EMPLOYMENT": A RECENT INITIATIVE OF MESA UNITED WAY, MESA VETERANS RESOURCE CENTER (MVRC) PROVIDES A CENTRALIZED LOCATION IN MESA OFFERING COMPREHENSIVE RESOURCES TO ACCESS SERVICES AND PERSONAL ASSISTANCE WITH EMPLOYMENT, SOFT SKILLS TRAINING, RESUME BUILDING, BENEFIT CLAIMS AND COUNSELING, HEALTHCARE, TRANSPORTATION, WORKSHOPS, HOMELESSNESS, AND MENTAL HEALTH. MESA UNITED WAY HAS PARTNERED WITH THE MESA CHAMBER OF COMMERCE AND MESA COMMUNITY COLLEGE TO CREATE THIS ONE-STOP RESOURCE CENTER. OUR GOAL IS TO WALK ALONGSIDE THESE VETERANS TO GET THEM THE RESOURCES AND TOOLS THEY NEED TO NOT ONLY GET BY, BUT TO SUCCEED. CURRENTLY, THE MESA VETERANS RESOURCE CENTER IS SERVING AROUND 200 VETS PER MONTH, UTILIZING TWO VETERANS SERVICE OFFICERS AND THREE NAVIGATORS. A PARTNERSHIP WITH AZ@WORK HAS CREATED 300 NEW JOB OPPORTUNITIES FOR LOCAL VETS AT OUTSTANDING PER HOUR PAY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD, IMMEDIATE PAST- CHAIR, COMMUNITY ALLOCATION PROGRAM CHAIR, CAMPAIGN CHAIR OR CO-CHAIRS, AND SUCH OTHER MEMBERS AS APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR THE HIRING, OVERSIGHT AND REMOVAL OF THE PRESIDENT/CEO OF MUW. AN AFFIRMATIVE VOTE OF 3/4 THE TOTAL NUMBER OF EXECUTIVE COMMITTEE MEMBERS IS REQUIRED FOR EITHER HIRING OR REMOVAL OF THE PRESIDENT/CEO. THE EXECUTIVE COMMITTEE'S DUTIES ALSO INCLUDE SUPERVISING AND DIRECTING THE WORK AND ADMINISTRATION OF THE CEO, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS . IN ANY EMERGENCY IT SHALL HAVE ALL OF THE POWERS OF THE BOARD, EXCEPT THAT IT SHALL NOT REVERSE ANY ACTION OF THE BOARD. ANY EMERGENCY ACTION TAKEN SHALL BE RATIFIED BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JON NIELSON AND DAVID NIELSON HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWS THE DRAFTS OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 SUBMITTED FROM THE INDEPENDENT ACCOUNTING FIRM. BASED ON THEIR REVIEW, THE AUDIT COMMITTEE RECOMMENDS ACCEPTANCE OR REJECTION OF THE FORM 990 TO THE EXECUTIVE COMMITTEE. A MOTION TO ACCEPT OR REJECT THE FORM 990 IS PUT TO THE GENERAL BOARD ALONG WITH THE AUDIT COMMITTEES RECOMMENDATIONS AND A COPY OF THE DRAFTED FORM 990 PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH FISCAL YEAR, ALL BOARD AND STAFF MEMBERS ARE REQUIRED TO SIGN AND DATE A NEW COPY OF THE CODE OF ETHICS. THE CODE OF ETHICS SPECIFICALLY REQUESTS THAT A BOARD OR STAFF MEMBER DIVULGE ANY AND ALL PERSONS OR ENTITIES THAT THEY HAVE A PERSONAL RELATIONSHIP WITH THAT MAY ALSO SHARE A RELATIONSHIP WITH THE ORGANIZATION. ALL STAFF MEMBERS MUST SIGN A NEW COPY OF THE ORGANIZATION'S PERSONNEL POLICIES AND PROCEDURES HANDBOOK EACH FISCAL YEAR. ALL TRANSACTION AND VENDOR NEGOTIATIONS ARE CONDUCTED AT ARMS LENGTH. THREE COMPETING BIDS ARE REQUIRED FOR ANY POTENTIAL EXPENDITURE OVER \$3,000. BOARD MEMBERS THAT ARE RELATED PARTIES TO ANY TRANSACTION ARE NOT ALLOWED TO VOTE ON THAT TRANSACTION. CONFLICTS ARE MONITORED AND ENFORCED CONTINUOUSLY AND BROUGHT TO THE ATTENTION OF MANAGEMENT AND THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>DURING THE 2020 FISCAL YEAR, HELEN'S HOPE CHEST ACQUIRED MOST OF THE MESA UNITED WAY STAFF , FOR REPORTING PURPOSES ONLY. THE REASON FOR THIS WAS TO ENABLE THE ORGANIZATION TO USE STATE OF THE ART HUMAN RESOURCE SOFTWARE FOR SOME STAFF MEMBERS, BUT NOT ALL. THE GOAL WAS TO ENJOY THE BENEFITS OF THE NEW HR SOFTWARE WITHOUT HAVING TO PAY THE ADMIN FEE FOR STAFF MEMBERS THAT HAD NO USE FOR IT'S FEATURES. STAFF MEMBERS WHO DO NOT NEED THE NEW HR FEATURES REMAINED UNDER MESA UNITED WAY'S EIN FOR REPORTING PURPOSES. THE FOLLOWING IS THE COMPENSATION PROCESS: BOARD OF DIRECTORS FORMS A SEARCH COMMITTEE MADE UP OF BOARD MEMBERS AND NON-MEMBERS. THE SEARCH COMMITTEE REVIEWS DEMOGRAPHIC DATA FOR COMPENSATION LEVELS OF CEO'S IN SIMILAR SIZED ORGANIZATIONS. THE SEARCH COMMITTEE RECOMMENDS A COMPENSATION LEVEL TO THE EXECUTIVE COMMITTEE, WHO THEN APPROVES AND SUBMITS TO THE ENTIRE BOARD FOR A VOTE. THE LAST COMPENSATION REVIEW/UPDATE PROCESS WAS COMPLETED IN JUNE 2019. FOR COMPENSATION FOR ALL OTHER POSITIONS IN THE ORGANIZATION, CEO REVIEWS DEMOGRAPHIC DATA FOR COMPENSATION LEVELS FOR SIMILAR POSITIONS IN SIMILARLY SIZED ORGANIZATIONS. BOARD MEMBERS MAY BE CONSULTED, BUT BOARD APPROVAL IS NOT REQUIRED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUSTS 3,182. PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE -85,082.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**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
MESA UNITED WAY INC

Employer identification number

86-0198599

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)HELENS HOPE CHEST 126 E UNIVERSITY MESA, AZ 85201 46-4747933	FOSTER CHILD SUPPORT	AZ	501(C)(3)	LINE 7	MESA UNITED WAY INC	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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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) HELENS HOPE CHEST	B	681,599	CASH
(2) HELENS HOPE CHEST	O	248,450	CASH

Part VII **Supplemental Information**

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

Return Reference	Explanation