

Form **990**
(Rev. January 2020)
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)

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 NORTH COMMERCE PARK LOOP 200 City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85745-2792 F Name and address of principal officer: TONY PENN SAME AS C ABOVE	D Employer identification number 86-0098932 E Telephone number (520)903-9000 G Gross receipts \$ 20,024,152. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ UNITEDWAYTUCSON.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1942		M State of legal domicile: AZ

Part I Summary

1	Briefly describe the organization's mission or most significant activities: BUILDING A THRIVING COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 23
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 68
6	Total number of volunteers (estimate if necessary)	6 4516
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b 0.
8	Contributions and grants (Part VIII, line 1h)	12,333,588. 14,574,558.
9	Program service revenue (Part VIII, line 2g)	126,404. 109,077.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,714. -51,457.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,204. -14,864.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,617,502. 14,617,314.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,680,061. 7,102,761.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,605,333. 4,111,999.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,205,872.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,062,131. 2,059,875.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,347,525. 13,274,635.
19	Revenue less expenses. Subtract line 18 from line 12	269,977. 1,342,679.
20	Total assets (Part X, line 16)	12,962,032. 14,900,334.
21	Total liabilities (Part X, line 26)	2,465,253. 2,830,563.
22	Net assets or fund balances. Subtract line 21 from line 20	10,496,779. 12,069,771.

Part II Signature Block

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

Sign Here	Signature of officer TONY PENN, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KELLY L. MELTZER, CPA	Preparer's signature KELLY L. MELTZER, CP	Date 03/25/21	Check if self-employed <input type="checkbox"/>	PTIN P00633511
	Firm's name ▶ BEACHFLEISCHMAN PC	Firm's EIN ▶ 86-0683059			
	Firm's address ▶ 1985 E. RIVER ROAD, SUITE 201 TUCSON, AZ 85718		Phone no. 520-321-4600		

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

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,206,476. including grants of \$ 6,251,616.) (Revenue \$ 109,077.) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA SERVES MORE THAN 180,000 INDIVIDUALS LOCALLY, EACH YEAR. UNITED WAY TRANSFORMS LIVES AND BRINGS LONG-LASTING SYSTEMIC CHANGE TO OUR COMMUNITY BY FOCUSING ON THE KEY, UNDERLYING ISSUES; QUALITY EDUCATION, FINANCIAL WELLNESS, EQUALITY AND HEALTHY COMMUNITIES. UNITED WAY'S ROLE AS THE COMMUNITY CONVENER ENABLES THE FORMATION OF STRATEGIC PARTNERSHIPS AND THE MOBILIZATION OF RESOURCES TO FIND INNOVATIVE, EQUITABLE SOLUTIONS. UNITED WAY USES MEASURABLE RESULTS TO MONITOR THE PERFORMANCE OF INTERNAL AND EXTERNAL PARTNER PROGRAMS TO ENSURE DATA-DRIVEN DECISION MAKING AND OUTCOMES.

4b (Code:) (Expenses \$ 851,145. including grants of \$ 851,145.) (Revenue \$) ALLOCATIONS - THROUGH UNITED WAY'S ANNUAL CAMPAIGN, UNITED WAY RAISES FUNDS TO DISTRIBUTE TO HEALTH AND WELFARE PROGRAMS AND SERVICES ADMINISTERED BY NON-FOR-PROFIT AGENCIES.

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

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

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

Part IV Checklist of Required Schedules

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

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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

Note: All Form 990 filers are required to complete Schedule O

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		52
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 68		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
GEORGE SCHLECHT, VP & CFO - (520)903-9000
330 NORTH COMMERCE PARK LOOP, NO. 200, TUCSON, AZ 85745-2792

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) TONY PENN PRESIDENT & CEO	40.00			X			335,104.	0.	13,983.	
(2) LAVONNE DOUVILLE EXECUTIVE VICE PRESIDENT	40.00				X		151,293.	0.	5,204.	
(3) CLAY BACON SENIOR VICE PRESIDENT & COO	40.00					X	131,284.	0.	10,786.	
(4) GEORGE SCHLECHT VICE PRESIDENT & CFO	40.00			X			86,029.	0.	9,901.	
(5) LILLIAN BRANTLEY-THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(6) KEVIN CUTTER DIRECTOR	1.00	X					0.	0.	0.	
(7) STEVEN DASCH DIRECTOR	1.00	X					0.	0.	0.	
(8) ALLISON DUFFY DIRECTOR	1.00	X					0.	0.	0.	
(9) NEAL ECKEL DIRECTOR	1.00	X					0.	0.	0.	
(10) ERNEST JONES DIRECTOR	1.00	X					0.	0.	0.	
(11) LEE LAMBERT DIRECTOR	1.00	X					0.	0.	0.	
(12) JASON LUCKEY DIRECTOR	1.00	X					0.	0.	0.	
(13) JILL MALICK DIRECTOR	1.00	X					0.	0.	0.	
(14) STEVEN MANKEE DIRECTOR	1.00	X					0.	0.	0.	
(15) CATHERINE MERRILL DIRECTOR	1.00	X					0.	0.	0.	
(16) ALLEN REID DIRECTOR	1.00	X					0.	0.	0.	
(17) JOEL ROHLIK DIRECTOR	1.00	X					0.	0.	0.	

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ROBERT ROBBINS DIRECTOR	1.00	X					0.	0.	0.	
(19) MARY ROWLEY DIRECTOR	1.00	X					0.	0.	0.	
(20) CALLINE SANCHEZ DIRECTOR	1.00	X					0.	0.	0.	
(21) JEAN SAVAGE DIRECTOR	1.00	X					0.	0.	0.	
(22) PAUL STAPLETON-SMITH DIRECTOR	1.00	X					0.	0.	0.	
(23) HOWARD STEWART DIRECTOR	1.00	X					0.	0.	0.	
(24) PAUL TEES DIRECTOR	1.00	X					0.	0.	0.	
(25) MICHELLE TRINDADE DIRECTOR	1.00	X					0.	0.	0.	
(26) HEATH VESCOVI-CHIORDI DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							703,710.	0.	39,874.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							703,710.	0.	39,874.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) CHAD WHELAN DIRECTOR	1.00	X						0.	0.	0.
(28) TEA WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
(29) EDMUND MARQUEZ CHAIR	2.00	X		X				0.	0.	0.
(30) ADRIANA KONG ROMERO VICE CHAIR	2.00	X		X				0.	0.	0.
(31) LINDA DRAKE SECRETARY	2.00	X		X				0.	0.	0.
(32) ADDIE LIENING TREASURER	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**UNITED WAY OF TUCSON AND SOUTHERN
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Part VIII Statement of Revenue

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

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

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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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

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

Check here if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,964,503.	1	2,963,764.	
	2 Savings and temporary cash investments	983,128.	2	1,165,099.	
	3 Pledges and grants receivable, net	4,053,185.	3	4,988,813.	
	4 Accounts receivable, net	207,984.	4	23,755.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	76,622.	9	86,615.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	349,514.			
	b Less: accumulated depreciation	226,265.			
	11 Investments - publicly traded securities	21,523.	10c	123,249.	
	12 Investments - other securities. See Part IV, line 11	5,474,308.	11	5,364,141.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	180,779.	14	184,898.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,962,032.	15	14,900,334.		
Liabilities	17 Accounts payable and accrued expenses	681,904.	16	14,900,334.	
	18 Grants payable	681,904.	17	699,640.	
	19 Deferred revenue	482,106.	18	572,628.	
	20 Tax-exempt bond liabilities	564,181.	19	804,856.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	661,295.	20	660,494.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	75,767.	24	92,945.	
	26 Total liabilities. Add lines 17 through 25	2,465,253.	25	2,830,563.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,529,468.	26	2,830,563.	
	28 Net assets with donor restrictions	4,967,311.	27	6,113,839.	
	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		28	5,955,932.	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29		
	31 Retained earnings, endowment, accumulated income, or other funds		30		
	32 Total net assets or fund balances	10,496,779.	31	12,069,771.	
33 Total liabilities and net assets/fund balances	12,962,032.	32	14,900,334.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,617,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,274,635.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,342,679.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,496,779.
5	Net unrealized gains (losses) on investments	5	230,313.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,069,771.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.) and Employer identification number (86-0098932)

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

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

- 1-12: List of reasons for public charity status, including 'An organization that normally receives a substantial part of its support from a governmental unit or from the general public' (checked).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,478,448.	12,949,273.	11,820,491.	12,333,588.	14,574,558.	64,156,358.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	12,478,448.	12,949,273.	11,820,491.	12,333,588.	14,574,558.	64,156,358.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,444,712.
6 Public support. Subtract line 5 from line 4.						62,711,646.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12,478,448.	12,949,273.	11,820,491.	12,333,588.	14,574,558.	64,156,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	111,808.	77,154.	147,120.	196,063.	168,438.	700,583.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						64,856,941.
12 Gross receipts from related activities, etc. (see instructions)					12	984,816.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.69 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.09 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

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)? 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).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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).		

UNITED WAY OF TUCSON AND SOUTHERN

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

UNITED WAY OF TUCSON AND SOUTHERN

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.

Employer identification number

86-0098932

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,052,981.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>523,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>328,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

UNITED WAY OF TUCSON AND SOUTHERN

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	13,274,635.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,274,635.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	813,732.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	203,433.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

UNITED WAY OF TUCSON AND SOUTHERN

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I 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	39	
2 Aggregate value of contributions to (during year)	431,792.	
3 Aggregate value of grants from (during year)	467,476.	
4 Aggregate value at end of year	1,076,257.	
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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 Tax 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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 make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 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 on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment .00 %
- b** Permanent endowment 92.00 %
- c** Term endowment 8.00 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

Schedule D (Form 990) 2019

86-0098932 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2019

UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.

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.

PART IV, LINE 2B:

CUSTODIAL LIABILITIES REPRESENT THOSE FUNDS THAT UWTSA IS HOLDING AT THE DISCRETION OF AFFILIATED AND OTHER CHARITABLE ORGANIZATIONS. AGENCY LIABILITIES REPRESENT FUNDS THAT HAVE BEEN DESIGNATED TO AGENCIES THAT UWTSA HAS NOT REMITTED.

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

STATEMENT ASC 740 (FIN 48) FOOTNOTE FROM CONSOLIDATED FINANCIAL

STATEMENTS:

BOTH UWTSA AND UWCC ARE EXEMPT FROM INCOME TAXES UNDER BOTH FEDERAL
(INTERNAL REVENUE CODE SECTION 501(C)(3)) AND ARIZONA INCOME TAX LAWS.

THEY ARE BOTH CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS UNDER INTERNAL
REVENUE CODE SECTION 509(A). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY
RELATED TO THEIR TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION
AS UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

Employer identification number
86-0098932

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

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

a Mail solicitations

e Solicitation of non-government grants

b Internet and email solicitations

f Solicitation of government grants

c Phone solicitations

g Special fundraising events

d In-person solicitations

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

UNITED WAY OF TUCSON AND SOUTHERN

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BUSINESS BREAKFAST (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	80,306.			80,306.
	2 Less: Contributions	57,061.			57,061.
	3 Gross income (line 1 minus line 2)	23,245.			23,245.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,276.			9,276.
	7 Food and beverages	18,414.			18,414.
	8 Entertainment				
	9 Other direct expenses	10,419.			10,419.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				38,109.
11 Net income summary. Subtract line 10 from line 3, column (d)				-14,864.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

UNITED WAY OF TUCSON AND SOUTHERN

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

Name Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Employer identification number
86-0098932

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
AJO CENTER FOR SUSTAINABLE AGRICULTURE - 901 W. MORONDO AVENUE - AJO, AZ 85321	38-3909062	501(C)(3)	10,000.	0.			GENERAL USE
ALIVE CHRISTIAN CHURCH FELLOWSHIP 9662 N. LA CHOLLA BLVD. TUCSON, AZ 85742	86-0585270	501(C)(3)	6,650.	0.			GENERAL USE
AMERICAN CANCER SOCIETY - TUCSON 2015 W. RIVER ROAD #245 TUCSON, AZ 85704	84-1316555	501(C)(3)	8,472.	0.			GENERAL USE
THE AMERIND FOUNDATION, INC. PO BOX 400 DRAGON, AZ 85609	86-0122680	501(C)(3)	5,000.	0.			GENERAL USE
AMERICAN RED CROSS - GUAM CHAPTER PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	6,000.	0.			GENERAL USE
AMPHITHEATER PUBLIC SCHOOL DISTRICT - 701 W. WETMORE ROAD - TUCSON, AZ 85705	86-6000547	AMPHITHEATRE USD	156,484.	0.			GENERAL USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **97.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

Schedule I (Form 990)

86-0098932

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ASU FOUNDATION PO BOX 2260 TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	5,000.	0.			GENERAL USE
AVIVA 153 S. PLUMER AVENUE TUCSON, AZ 85719	86-0948932	501(C)(3)	7,851.	0.			GENERAL USE
ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702	86-0211777	501(C)(3)	11,250.	0.			GENERAL USE
BIG BROTHERS BIG SISTERS 160 E. ALAMEDA STREET TUCSON, AZ 85701	86-0188050	501(C)(3)	7,317.	0.			GENERAL USE
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY, SUITE A200 TUCSON, AZ 85710	86-0093224	501(C)(3)	701,075.	0.			GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85717-0217	86-0172257	501(C)(3)	15,585.	0.			GENERAL USE
CASA MARIA FREE KITCHEN 401 E. 26TH STREET TUCSON, AZ 85713	26-0560732	501(C)(3)	5,077.	0.			GENERAL USE
CASA DE LOS NINOS 1120 N. 5TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)(3)	1,597,373.	0.			GENERAL USE
CATHOLIC COMMUNITY SERVICES - TUCSON - 140 W. SPEEDWAY #230 - TUCSON, AZ 85705	86-0100880	501(C)(3)	134,036.	0.			GENERAL USE

Schedule I (Form 990)

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

Schedule I (Form 990)

86-0098932

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CATHOLIC FOUNDATION - DIOCESE OF TUCSON - PO BOX 31 - TUCSON, AZ 85702	86-0408580	501(C)(3)	22,820.	0.			GENERAL USE
CHILD & FAMILY RESOURCES - TUCSON 2800 E. BROADWAY BLVD. TUCSON, AZ 85716	86-0251984	501(C)(3)	824,263.	0.			GENERAL USE
CHILD PARENT CENTERS 602 E. 22ND STREET TUCSON, AZ 85713	86-0204557	501(C)(3)	38,870.	0.			GENERAL USE
CODAC BEHAVIORAL HEALTH SERVICES 1650 E. FORT LOWELL ROAD #202 TUCSON, AZ 85719	23-7086112	501(C)(3)	6,333.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 551 TUCSON, AZ 85702	51-0192519	501(C)(3)	71,258.	0.			GENERAL USE
HANDS OF HOPE PO BOX 17070 TUCSON, AZ 85731	94-2750922	501(C)(3)	9,768.	0.			GENERAL USE
DIRECT CENTER FOR INDEPENDENCE 1001 N. ALVERNON WAY, SUITE 101 TUCSON, AZ 85711	86-0780046	501(C)(3)	20,325.	0.			GENERAL USE
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	7,535.	0.			GENERAL USE
EARLY CHILDHOOD DEVELOPMENT GROUP (ECDG) - 3472 E. FT LOWELL ROAD - TUCSON, AZ 85716	26-2633177	501(C)(3)	145,052.	0.			GENERAL USE

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(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
EMERGE! CENTER AGAINST DOMESTIC ABUSE - 2545 E. ADAMS STREET - TUCSON, AZ 85716	86-0312162	501(C)(3)	23,843.	0.			GENERAL USE
FRIEDREICH'S ATAXIA RESEARCH ALLIANCE (FARA) - 533 W. UWCHLAN AVENUE - DOWNINGTOWN, PA 19335	52-2122720	501(C)(3)	5,000.	0.			GENERAL USE
FEED THE CHILDREN INC 333 N. MERIDIAN OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	10,000.	0.			GENERAL USE
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	5,000.	0.			GENERAL USE
FLOWING WELLS UNIFIED SCHOOL DISTRICT - 1556 W. PRINCE ROAD - TUCSON, AZ 85705	86-6003684	FLOWING WELLS USD	5,000.	0.			GENERAL USE
FOUNDATION FOR POTTSTOWN EDUCATION 230 BEECH STREET POTTSTOWN, PA 19464	22-2630432	501(C)(3)	35,000.	0.			GENERAL USE
FOX TUCSON THEATRE FOUNDATION PO BOX 1008 TUCSON, AZ 85702	86-0965120	501(C)(3)	6,500.	0.			GENERAL USE
GOODWILL INDUSTRIES - TUCSON 1940 E. SILVERLAKE #405 TUCSON, AZ 85713	86-0223401	501(C)(3)	157,779.	0.			GENERAL USE
GOSPEL RESCUE MISSION OF TUCSON 707 W. MIRACLE MILE ROAD TUCSON, AZ 85705	86-6054088	501(C)(3)	21,808.	0.			GENERAL USE

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(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
GREEN VALLEY ASSISTANCE SERVICES 3950 S. CAMINO DEL HEROE GREEN VALLEY, AZ 85614	94-2783969	501(C)(3)	30,000.	0.			GENERAL USE
HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVENUE TUCSON, AZ 85719	94-2725100	501(C)(3)	34,649.	0.			GENERAL USE
HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON, AZ 85732	86-0213263	501(C)(3)	16,600.	0.			GENERAL USE
HERENCIA GUADALUPANA LAB SCHOOLS PO BOX 11172 TUCSON, AZ 85734	15-2473142	501(C)(3)	5,104.	0.			GENERAL USE
HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON, AZ 85713	27-3585869	501(C)(3)	8,926.	0.			GENERAL USE
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W. ROGER ROAD TUCSON, AZ 85705	86-0112798	501(C)(3)	40,409.	0.			GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON, AZ 85741	86-0520997	501(C)(3)	53,177.	0.			GENERAL USE
INTERNATIONAL SONORAN DESERT ALLIANCE - PO BOX 687 - AJO, AZ 85321	86-0778917	501(C)(3)	11,734.	0.			GENERAL USE
INTERNATIONAL RESCUE COMMITTEE, INC. - 1011 N. CRAYCROFT ROAD - TUCSON, AZ 85711	13-5660870	501(C)(3)	17,500.	0.			GENERAL USE

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(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
JOBPATH 616 N. COUNTRY CLUB ROAD, SUITE 110 TUCSON, AZ 85716	65-1190309	501(C)(3)	5,000.	0.			GENERAL USE
JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH - 415 N. WASHINGTON STREET, 4TH FLOOR - BALTIMORE, MD 21231	52-0595110	501(C)(3)	5,000.	0.			GENERAL USE
LA FRONTERA 504 W. 29TH STREET TUCSON, AZ 85713	86-0742427	501(C)(3)	28,332.	0.			GENERAL USE
LA POSADA AT PARK CENTRE, INC. 780 S. PARK CENTRE AVENUE GREEN VALLEY, AZ 85614	86-0828160	501(C)(3)	8,500.	0.			GENERAL USE
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 98018 WASHINGTON, DC 20090	13-5644916	501(C)(3)	5,000.	0.			GENERAL USE
LIFE AFTER HATE 917 W. WASHINGTON BLVD. STUITE 212 CHICAGO, IL 60607	45-3039640	501(C)(3)	8,000.	0.			GENERAL USE
LITERACY CONNECTS 200 E. YAVAPAI ROAD TUCSON, AZ 85705	23-7047508	501(C)(3)	71,649.	0.			GENERAL USE
LUTHERAN SOCIAL SERVICES SW 6303 E. TANQUE VERDE ROAD, #101 TUCSON, AZ 85715	86-0252302	501(C)(3)	15,000.	0.			GENERAL USE
MAKE WAY FOR BOOKS 700 N. STONE AVENUE TUCSON, AZ 85705	31-1583036	501(C)(3)	140,749.	0.			GENERAL USE

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(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
MAKE-A-WISH FOUNDATION ARIZONA 2901 N. 78TH STREET SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	6,167.	0.			GENERAL USE
MARANA UNIFIED SCHOOL DISTRICT 11279 W. GRIER ROAD #115A MARANA, AZ 85753	86-6003545	MARANA USD	81,671.	0.			GENERAL USE
OFFICE OF THE PIMA COUNTY SCHOOL SUPERINTENDENT - 200 N. STONE AVENUE - TUCSON, AZ 85701	86-6000545	PIMA COUNTY SUPERINT	44,360.	0.			GENERAL USE
OLD PUEBLO COMMUNITY SERVICES 4501 E. 5TH STREET #1 TUCSON, AZ 85711	86-0836556	501(C)(3)	9,390.	0.			GENERAL USE
OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON, AZ 85712	94-2598560	501(C)(3)	138,788.	0.			GENERAL USE
PARENT AID CHILD ABUSE PREVENTION CENTER - 2580 E. 22ND STREET - TUCSON, AZ 85713	74-2591577	501(C)(3)	20,546.	0.			GENERAL USE
PIMA COUNCIL ON AGING 8467 E. BROADWAY BLVD. TUCSON, AZ 85710	86-0251768	501(C)(3)	187,477.	0.			GENERAL USE
PIMA COUNTY ANIMAL CARE CENTER 4000 N. SILVERBELL ROAD TUCSON, AZ 85745	86-6000543	PIMA COUNTY	33,359.	0.			GENERAL USE
PIMA COUNTY PUBLIC LIBRARY 101 N. STONE AVENUE TUCSON, AZ 85701	86-6000543	PIMA COUNTY	15,000.	0.			GENERAL USE

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(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
PIO DECIMO CENTER 848 S. 7TH AVENUE TUCSON, AZ 85701	53-0196617	501(C)(3)	27,096.	0.			GENERAL USE
PLANNED PARENTHOOD SOUTHERN ARIZONA - 4751 N. 15TH STREET - PHOENIX, AZ 85014	86-0146520	501(C)(3)	22,678.	0.			GENERAL USE
POTTSTOWN PUBLIC LIBRARY 500 HIGH STREET POTTSTOWN, PA 19464	23-0985220	POTTSTOWN PA	12,500.	0.			GENERAL USE
PRIMAVERA FOUNDATION INC 151 W. 40TH STREET TUCSON, AZ 85711	86-0733182	501(C)(3)	91,861.	0.			GENERAL USE
RONALD MCDONALD HOUSE TUCSON 2155 E. ALLEN ROAD TUCSON, AZ 85719	95-3526934	501(C)(3)	9,574.	0.			GENERAL USE
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON, AZ 85719	86-0864100	501(C)(3)	20,373.	0.			GENERAL USE
SOUTHERN ARIZONA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - PO BOX 68475 - ORO VALLEY, AZ 85737	23-7095345	501(C)(3)	85,171.	0.			GENERAL USE
SAHUARITA FOOD BANK 17750 S. LA CANADA DRIVE SAHUARITA, AZ 85629	47-1654162	501(C)(3)	10,000.	0.			GENERAL USE
SAHUARITA UNIFIED SCHOOL DISTRICT #30 - 350 W. SAHUARITA ROAD - SAHUARITA, AZ 85629	43-2007205	SAHUARITA USD 30	5,000.	0.			GENERAL USE

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SALPOINTE CATHOLIC HIGH SCHOOL 1545 E. COPPER STREET TUCSON, AZ 85719	86-0705131	501(C)(3)	8,453.	0.			GENERAL USE
SAN MIGUEL CORPORATE INTERNSHIP 6601 S. SAN FERNANDO ROAD TUCSON, AZ 85756	77-0649648	501(C)(3)	12,000.	0.			GENERAL USE
SAVING ANIMALS FROM EUTHANASIA 3661 N. CAMPBELL AVENUE, PMB#220 TUCSON, AZ 85719	01-0662899	501(C)(3)	6,274.	0.			GENERAL USE
SOUTHERN ARIZONA LEGAL AID, INC 2343 E. BROADWAY BLVD., SUITE 200 TUCSON, AZ 85719	86-0143449	501(C)(3)	5,612.	0.			GENERAL USE
DIAPER BANK OF SOUTHERN ARIZONA 1050 S. PLUMER AVENUE TUCSON, AZ 85719	43-1990345	501(C)(3)	10,355.	0.			GENERAL USE
ST JUDE'S CHILDREN RESEARCH 501 ST JUDE PLACE MEMPHIS, TN 38105-1942	62-0646012	501(C)(3)	7,497.	0.			GENERAL USE
ST VINCENT DE PAUL SOCIETY 829 S. 6TH AVENUE TUCSON, AZ 85701	86-0104418	501(C)(3)	7,660.	0.			GENERAL USE
ST ANDREW'S PRESBYTERIAN CHURCH 7650 N. PASEO DEL NORTE TUCSON, AZ 85704	86-0364537	501(C)(3)	8,000.	0.			GENERAL USE
STANFORD UNIVERSITY LAW SCHOOL PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	7,500.	0.			GENERAL USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYSIDE FOUNDATION INC 2238 E. GINTER ROAD TUCSON, AZ 85706	86-0459085	501(C)(3)	7,500.	0.			GENERAL USE
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER ROAD TUCSON, AZ 85706	86-6000792	SUNNYSIDE USD	535,059.	0.			GENERAL USE
TEEN CHALLENGE OF ARIZONA INC PO BOX 5966 TUCSON, AZ 85703	86-0869349	501(C)(3)	5,498.	0.			GENERAL USE
TMC FOUNDATION 5301 E. GRANT ROAD, PATIO BLDG. TUCSON, AZ 85712	52-1627574	501(C)(3)	6,334.	0.			GENERAL USE
TOHONO O'ODHAM COMMUNITY COLLEGE PO BOX 3129 SELLS, AZ 85634	86-0931108	501(C)(3)	103,240.	0.			GENERAL USE
TUCSON MUSEUM OF ART 140 N. MAIN AVENUE TUCSON, AZ 85701	86-6006371	501(C)(3)	9,000.	0.			GENERAL USE
TUCSON SYMPHONY ORCHESTRA SOCIETY 2175 N. 6TH AVENUE TUCSON, AZ 85705	86-0107538	501(C)(3)	17,500.	0.			GENERAL USE
TUCSON CONQUISTADORES FOUNDATION 6450 E. BROADWAY BLVD. TUCSON, AZ 85710	20-1940513	501(C)(3)	5,500.	0.			GENERAL USE
UNITED WAY OF NORTHERN ARIZONA 1515 E. CEDAR AVENUE, SUITE D1 FLAGSTAFF, AZ 86004	86-0211666	501(C)(3)	32,744.	0.			GENERAL USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON, AZ 85721-0109	86-6050388	501(C)(3)	31,483.	0.			GENERAL USE
UNIVERSITY OF ARIZONA - COOPERATIVE EXTENSION - PO BOX 210109 - TUCSON, AZ 85719	86-6050388	STATE OF ARIZONA	39,691.	0.			GENERAL USE
UNIVERSITY OF ARIZONA PO BOX 210109 TUCSON, AZ 85719	86-6050388	STATE OF ARIZONA	49,995.	0.			GENERAL USE
VAIL UNIFIED SCHOOL DISTRICT PO BOX 800 VAIL, AZ 85641	86-0617696	VAIL USD	48,246.	0.			GENERAL USE
VERITAS ACADEMY OF TUCSON PO BOX 35263 TUCSON, AZ 85740	26-2546349	501(C)(3)	10,804.	0.			GENERAL USE
WORLD CENTRAL KITCHEN, INC. 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	5,000.	0.			GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702	86-0101237	501(C)(3)	7,590.	0.			GENERAL USE
YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON, AZ 85712	86-0644388	501(C)(3)	29,451.	0.			GENERAL USE
YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVENUE TUCSON, AZ 85745	86-0098937	501(C)(3)	51,246.	0.			GENERAL USE

Schedule I (Form 990)

**UNITED WAY OF TUCSON AND SOUTHERN
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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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY ASSISTANCE	23	13,521.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 4B:

TONY PENN, PRESIDENT & CEO, PARTICIPATED IN A DEFERRED COMPENSATION PLAN UNDER SECTION 457(F). IN 2019, MR. PENN RECEIVED A TOTAL DISTRIBUTION OF \$69,372 AND THE PLAN TERMINATED.

PART I, LINE 7:

THE PRESIDENT/CEO OF UWTSA IS ENTITLED TO RECEIVE PERFORMANCE BASED INCENTIVE COMPENSATION IN AN AMOUNT NOT TO EXCEED 20% OF THE ANNUALIZED BASE SALARY PER YEAR CONTINGENT UPON THE ACCOMPLISHMENT OF MEASURABLE PERFORMANCE STANDARDS TO BE ESTABLISHED BY MUTUAL AGREEMENT BETWEEN THE PRESIDENT/CEO AND THE BOARD OF UWTSA. THE EXECUTIVE VICE-PRESIDENT, SR. VICE-PRESIDENT, AND CFO ARE ENTITLED TO RECEIVE PERFORMANCE BASED INCENTIVE COMPENSATION BASED ON THE ACCOMPLISHMENT OF MEASURABLE PERFORMANCE STANDARDS AS ESTABLISHED BY THE PRESIDENT/CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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

Part I Types of Property

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

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public
Inspection

Name of the organization	UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number	86-0098932
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

KEY 2019 - 2020 RESULTS INCLUDE:

*1,565 CHILDREN ARE IN EARLY EDUCATION PROGRAMS ACTIVELY ENGAGED IN
QUALITY IMPROVEMENT EFFORTS

*CHILDREN RECEIVED 166,782 AGE-APPROPRIATE BOOKS TO BUILD THEIR
PERSONAL HOME LIBRARIES

*2,427 FAMILIES RECEIVED GUIDANCE FOR RAISING AND NURTURING THEIR CHILD
EITHER IN THE HOME OR AT COMMUNITY-BASED SETTINGS

*631 INDIVIDUALS LEARNED NEW DEVELOPMENTALLY APPROPRIATE EARLY
CHILDHOOD EDUCATION AND SYSTEMS BUILDING SKILLS

*735 OPPORTUNITY YOUTH WERE SUPPORTED TO SUSTAIN THEIR ENGAGEMENT IN
CONNECTING EDUCATION AND A CAREER PATHWAY THROUGH THE RE-ENGAGEMENT
CENTERS

*14,180 LOW-INCOME WORKING FAMILIES USED NO-FEE TAX PREPARATION
SERVICES AT VITA SITES TO RECEIVE ALL APPROPRIATE TAX CREDITS

*821 FAMILIES AND YOUTH RECEIVED SERVICES TO BECOME MORE FINANCIALLY
STABLE

*4,527 SENIORS BECAME MORE ACTIVE AND INDEPENDENT THROUGH VOLUNTEERING
*154,716 HOURS TO SUPPORT OTHER SENIORS AND FAMILIES TO MEET THEIR
NEEDS

*23,250 SENIORS WERE ABLE TO STAY AT HOME BECAUSE OF HELP AND SUPPORT
FROM QUALITY PROGRAMS

*3,832 DAYS OF CARING VOLUNTEERS PROVIDED 12,976 VOLUNTEER HOURS TO
COMPLETE 150 COMMUNITY IMPROVEMENT PROJECTS

*3,345 INDIVIDUALS LEARNED ABOUT HOW TO PLAN FOR THEIR END OF LIFE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
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CHOICES THROUGH WORKSHOPS, COACHING SESSION, AND PROVIDER-SPECIFIC LEARNING OPPORTUNITIES

*19,803 INDIVIDUALS WERE HELPED WITH EMERGENCY NEEDS, SUCH AS RENTAL AND UTILITY ASSISTANCE, FOOD, DIAPERS, AND HEALTH AND SAFETY NEEDS, AS THE RESULT OF THE PANDEMIC THROUGH THE UNITED FOR SOUTHERN ARIZONA COVID-19 RELIEF FUND

FORM 990, PART VI, SECTION A, LINE 4:

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

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE AUDIT COMMITTEE HAS REVIEWED AND APPROVED THE DRAFT 990, IT IS EMAILED TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS AND EMPLOYEES. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THE COVERED PERSON RECEIVED THE POLICY, UNDERSTANDS THE POLICY, AND AGREES TO COMPLY WITH THE POLICY. A COVERED INDIVIDUAL MAY HAVE A FINANCIAL INTEREST DIRECTLY OR INDIRECTLY THROUGH BUSINESS, INVESTMENT OR FAMILY. THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

Name of the organization	UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number	86-0098932
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DISCLOSE THE MATERIAL FACTS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND REPORTING TO THE BOARD OF DIRECTORS. PERIODIC REVIEWS ENSURE THAT UWTSA OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES. THE PERIODIC REVIEWS INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, WHETHER THIRD-PARTY TRANSACTIONS RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT, AND WHETHER PARTNERSHIPS AND JOINT VENTURES CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER UWTSA'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. AFTER DISCLOSURE, THE BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE UNCONFLICTED MEMBERS WILL DETERMINE IF ENTERING INTO THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. ANNUALLY, EACH COVERED PERSON SHALL BE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

Employer identification number
86-0098932

FORM 990, AUDIT REPORTS AND OTHER DOCUMENTS ARE POSTED ON OUR WEBSITE.

Multiple horizontal lines for text entry.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I 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
UNITED WAY CAPITAL CORPORATION - 86-0984771 330 N. COMMERCE PARK LOOP, #200 TUCSON, AZ 85745	LEASE FACILITIES TO NONPROFITS AT BELOW MARKET RATES	ARIZONA	501(C)(3)	LINE 12A, I	UNITED WAY OF TUCSON AND SOUTHERN ARIZONA	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY CAPITAL CORPORATION	C	328,667.	CASH RECEIVED
(2) UNITED WAY CAPITAL CORPORATION	K	254,705.	CASH PAID
(3) UNITED WAY CAPITAL CORPORATION	K	188,006.	FMV IN EXCESS OF CASH PAID
(4) UNITED WAY CAPITAL CORPORATION	Q	15,008.	CASH RECEIVED
(5)			
(6)			

**UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

Schedule R (Form 990) 2019

86-0098932 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.