

Form **990**

**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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 86750</b> City or town, state or province, country, and ZIP or foreign postal code <b>TUCSON, AZ 85754-6750</b> <b>F</b> Name and address of principal officer: <b>TONY PENN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>86-0098932</b> <b>E</b> Telephone number <b>520-903-9000</b> <b>G</b> Gross receipts \$ <b>17,620,652.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYTUCSON.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1942</b>		<b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BUILDING A BETTER COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>23</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>23</b></span> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>75</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>8579</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
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**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.

<b>Sign Here</b>	Signature of officer <b>MARY HUERSTEL, COO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID B. BARBER, CPA/CFE</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00348638</b>
	Firm's name ▶ <b>REGIER CARR &amp; MONROE, L.L.P.</b> Firm's address ▶ <b>4801 E BROADWAY BLVD, STE 501 TUCSON, AZ 85711-3648</b>	Firm's EIN ▶ <b>48-0573184</b> Phone no. <b>520-624-8229</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF TUCSON AND SOUTHERN ARIZONA HAS A MISSION OF BUILDING A BETTER COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES.

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.

4a (Code: ) (Expenses \$ 10,714,493. including grants of \$ 7,972,837. ) (Revenue \$ 471,683. ) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA (UWTSA) WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME, AND HEALTH-THE BUILDING BLOCKS OF A GOOD LIFE. A QUALITY EDUCATION LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH. UNITED WAY WORKS TO ENSURE THAT ALL CHILDREN ENTER KINDERGARTEN EAGER TO LEARN AND READY TO SUCCEED; YOUTH ARE READY BY 25: READY FOR COLLEGE, WORK AND LIFE; FAMILIES ARE FINANCIALLY STABLE, AND SENIORS ARE HEALTHY AND MAINTAIN MAXIMUM INDEPENDENCE. UWTSA EMPHASIZES MEASURABLE RESULTS AND MONITORS PROGRAM PERFORMANCE AND RESULTS OF COMMUNITY PARTNERS THAT RECEIVE UWTSA FINANCIAL SUPPORT. (SEE SCHEDULE O FOR ADDITIONAL DETAILS).

4b (Code: ) (Expenses \$ 2,984,186. including grants of \$ 2,984,185. ) (Revenue \$ ) ALLOCATIONS - THROUGH UNITED WAY'S ANNUAL CAMPAIGN, UNITED WAY RAISES FUNDS TO DISTRIBUTE TO HEALTH AND WELFARE PROGRAMS AND SERVICES ADMINISTERED BY NOT-FOR-PROFIT AGENCIES.

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

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

4e Total program service expenses 13,698,679.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	X	
<b>5</b> 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> .....		X
<b>6</b> 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> .....	X	
<b>7</b> 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> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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> .....	X	
<b>b</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> .....		X
<b>c</b> 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> .....		X
<b>d</b> 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> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</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> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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> .....		X
<b>15</b> 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> .....		X
<b>16</b> 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> .....		X
<b>17</b> 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> .....		X
<b>18</b> 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> .....		X
<b>19</b> 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> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
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> .....	X	
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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> .....		
36	<b>Section 501(c)(3) organizations.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 520-903-9000**  
**300 N COMMERCE PARK LOOP, SUITE 200, TUCSON, AZ 85745**

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) LOU ALBERT CHAIR	2.00	X		X				0.	0.	0.
(2) ROB AUMAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) DAISY JENKINS VICE-CHAIR	2.00	X		X				0.	0.	0.
(4) JOHN BREMOND BOARD MEMBER	1.00	X						0.	0.	0.
(5) WARDELL "BUCK" BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(6) DEBE CAMPOS-FLEENOR BOARD MEMBER	1.00	X						0.	0.	0.
(7) LYNNE WOOD DUSENBERRY BOARD MEMBER	1.00	X						0.	0.	0.
(8) PAUL BONAVIA PAST CHAIR	1.00	X						0.	0.	0.
(9) MARTHA FURNAS BOARD MEMBER	1.00	X						0.	0.	0.
(10) TANNYA GAXIOLA BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHRISTINE DREW BOARD MEMBER	1.00	X						0.	0.	0.
(12) FRANK GRIJALVA BOARD MEMBER	1.00	X						0.	0.	0.
(13) LINDA HATFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(14) GREGG JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(15) GEORGE KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(16) AARON MYERS BOARD MEMBER	1.00	X						0.	0.	0.
(17) STEVEN MANKEE BOARD MEMBER	1.00	X						0.	0.	0.

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

**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) ALEXANDRA MASTER-JUDGE SECRETARY	2.00	X		X				0.	0.	0.
(19) CHRISTINE MCNAMARA TREASURER	2.00	X		X				0.	0.	0.
(20) CHARLES MONROE BOARD MEMBER	1.00	X						0.	0.	0.
(21) JENNIFER PHILLIPS BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARY SNIDER BOARD MEMBER	1.00	X						0.	0.	0.
(23) HUMBERTO STEVENS BOARD MEMBER	1.00	X						0.	0.	0.
(24) CRISTIE STREET BOARD MEMBER	1.00	X						0.	0.	0.
(25) DANE WOLL BOARD MEMBER	1.00	X						0.	0.	0.
(26) HOWARD STEWART BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								462,514.	0.	27,010.
<b>d Total (add lines 1b and 1c)</b>								462,514.	0.	27,010.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> 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>	4	X
<b>5</b> 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>	5	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	(B) Description of services	(C) Compensation
LECROY & MILLIGAN ASSOCIATES, INC, 2020 N FORBES BLVD STE 104, TUCSON, AZ 85745	PROGRAM EVALUATION	100,972.

**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 1

**SEE PART VII, SECTION A CONTINUATION SHEETS**

UNITED WAY OF TUCSON AND SOUTHERN  
ARIZONA, INC.

Form 990

86-0098932

**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) ADRIANA KONG ROMERO BOARD MEMBER	1.00	X						0.	0.	0.
(28) RAYMOND T PENN PRESIDENT & CEO	40.00			X				224,362.	0.	16,534.
(29) MARY HUERSTEL CFO	40.00			X				135,492.	0.	7,602.
(30) LAVONNE DOUVILLE SR VICE PRESIDENT	40.00			X				102,660.	0.	2,874.
Total to Part VII, Section A, line 1c .....								462,514.		27,010.

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	7,122,262.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,639,215.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		17,531.			
	<b>h Total.</b> Add lines 1a-1f .....		15,761,477.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES .....	<b>Business Code</b> 900099	294,596.	294,596.		
	<b>b</b> SERVICE FEE INCOME .....	900099	177,087.	177,087.		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		471,683.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		70,959.			70,959.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		1,315,275.		
		<b>c</b> Gain or (loss) .....		1,258.		
	<b>d</b> Net gain or (loss) .....		1,258.			1,258.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> .....						
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			16,305,377.	471,683.	0.	72,217.

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

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,939,478.	10,939,478.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	17,544.	17,544.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	545,486.	315,992.	98,410.	131,084.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,859,628.	1,082,597.	323,184.	453,847.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,996.	65,887.	31,514.	23,595.
<b>9</b> Other employee benefits	209,417.	114,036.	54,543.	40,838.
<b>10</b> Payroll taxes	201,042.	120,308.	33,225.	47,509.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,539.		6,539.	
<b>c</b> Accounting	31,009.		31,009.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	27,871.			27,871.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	466,989.	422,961.	13,606.	30,422.
<b>12</b> Advertising and promotion	42,282.	33,420.	3,912.	4,950.
<b>13</b> Office expenses	28,395.	15,762.	7,844.	4,789.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	139,877.	78,388.	19,593.	41,896.
<b>17</b> Travel	69,138.	55,206.	6,301.	7,631.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	119,991.	27,807.	10,201.	81,983.
<b>20</b> Interest	6,584.		6,584.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	15,045.		15,045.	
<b>23</b> Insurance	6,680.	420.	6,260.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EVENTS AND PROMOTIONAL</b>	127,457.	93,317.	15,077.	19,063.
<b>b</b> <b>PRINTING AND PUBLICATIO</b>	125,707.	83,556.	4,076.	38,075.
<b>c</b> <b>EQUIPMENT</b>	104,188.	72,558.	16,155.	15,475.
<b>d</b> <b>UNITED WAY WORLDWIDE DU</b>	89,833.	89,833.		
<b>e</b> All other expenses	118,981.	69,609.	23,698.	25,674.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,420,157.	13,698,679.	726,776.	994,702.
<b>26</b> <b>Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,119,950.	<b>1</b>	1,907,303.	
	<b>2</b> Savings and temporary cash investments .....	3,333,161.	<b>2</b>	3,554,181.	
	<b>3</b> Pledges and grants receivable, net .....	2,940,350.	<b>3</b>	2,975,030.	
	<b>4</b> Accounts receivable, net .....	103,126.	<b>4</b>	97,583.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	21,409.	<b>7</b>	11,713.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	28,806.	<b>9</b>	28,734.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	810,364.			
	<b>b</b> Less: accumulated depreciation .....	708,172.			
	<b>11</b> Investments - publicly traded securities .....	111,963.	<b>10c</b>	102,192.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,580,608.	<b>11</b>	2,367,413.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	26,104.	<b>12</b>	26,144.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,161.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,267,638.	<b>15</b>	12,720.		
		<b>16</b>	11,083,013.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	396,801.	<b>17</b>	542,342.	
	<b>18</b> Grants payable .....	622,012.	<b>18</b>	709,397.	
	<b>19</b> Deferred revenue .....	26,834.	<b>19</b>	33,017.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	1,788,320.	<b>25</b>	1,539,813.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,833,967.	<b>26</b>	2,824,569.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,962,339.	<b>27</b>	4,369,170.	
	<b>28</b> Temporarily restricted net assets .....	1,860,069.	<b>28</b>	2,278,011.	
	<b>29</b> Permanently restricted net assets .....	1,611,263.	<b>29</b>	1,611,263.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	7,433,671.	<b>33</b>	8,258,444.		
<b>34</b> Total liabilities and net assets/fund balances .....	10,267,638.	<b>34</b>	11,083,013.		

Form **990** (2014)

**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	16,305,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,420,157.
3	Revenue less expenses. Subtract line 2 from line 1	3	885,220.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,433,671.
5	Net unrealized gains (losses) on investments	5	-16,447.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-44,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,258,444.

**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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,718,878.	18,794,427.	17,490,239.	15,413,556.	15,761,447.	84,178,547.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	16,718,878.	18,794,427.	17,490,239.	15,413,556.	15,761,447.	84,178,547.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						84,178,547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	16,718,878.	18,794,427.	17,490,239.	15,413,556.	15,761,447.	84,178,547.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	59,814.	58,698.	77,440.	82,941.	70,959.	349,852.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						84,528,399.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,158,397.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.59 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	99.60 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," to 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," to 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," to 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 <b>UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.</b>	Employer identification number <b>86-0098932</b>
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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 expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**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-.

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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.				1,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.				250,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	88	
2 Aggregate value of contributions to (during year) .....	1,159,097.	
3 Aggregate value of grants from (during year) .....	1,288,204.	
4 Aggregate value at end of year .....	1,715,708.	
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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of 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 8/17/06, 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? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	1,881,169.	1,800,181.	1,725,301.	1,769,168.	1,642,640.
b Contributions			25,572.		10,703.
c Net investment earnings, gains, and losses	37,043.	172,267.	149,832.	56,651.	218,651.
d Grants or scholarships					
e Other expenditures for facilities and programs	70,369.	77,314.	84,731.	84,972.	86,847.
f Administrative expenses	14,448.	13,965.	15,793.	15,546.	15,979.
g End of year balance	1,833,395.	1,881,169.	1,800,181.	1,725,301.	1,769,168.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  88.00 %
  - c Temporarily restricted endowment  12.00 %
- The percentages in 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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" to 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		387,348.	360,136.	27,212.
e Other		422,334.	347,354.	74,980.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				102,192.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	99,718.
(3) CUSTODIAL LIABILITIES	1,440,095.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,539,813.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**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 V, LINE 4:**

THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT FUNDS CONSIST OF TWO INDIVIDUAL FUNDS ESTABLISHED FOR CHILDREN'S PROGRAMS AND GENERAL OPERATIONS.

**PART X, LINE 2:**

UWTSA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE UWTSA'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, CONTRIBUTIONS TO UWTSA QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(11) AND UWTSA IS CLASSIFIED AS AN ORGANIZATION OTHER THAN A

**Part XIII** Supplemental Information (continued)

PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

MANAGEMENT BELIEVES THAT UWTSA HOLDS NO UNCERTAIN TAX POSITIONS AND, THEREFORE, HAS NO POLICY FOR EVALUATING THEM. UWTSA'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES AND ARIZONA FORM 99, ARIZONA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN, ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AND THE ARIZONA DEPARTMENT OF REVENUE FOR FOUR YEARS, RESPECTIVELY, AFTER THE DATE THE RETURNS WERE FILED. ALL PRIOR YEAR RETURNS HAVE BEEN TIMELY FILED.

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
100 CLUB OF ARIZONA - PHOENIX 5033 N 19TH AVENUE, SUITE 123 PHOENIX, AZ 85015		501(C)(3)	82,344.	0.			GENERAL USE
100 CLUB OF ARIZONA - PHOENIX 5033 N 19TH AVENUE, S 123 PHOENIX, AZ 85015		501(C)(3)	5,636.	0.			GENERAL USE
AMERICA'S CHARITIES LOCKBOX #79570 BALTIMORE, MD 21117		501(C)(3)	28,609.	0.			GENERAL USE
AMERICAN CANCER SOCIETY - TUCSON 677 N WILMOT RD TUCSON, AZ 85711		501(C)(3)	61,100.	0.			GENERAL USE
AMERICAN CANCER SOCIETY - TUCSON 1636 N SWAN #151 TUCSON, AZ 85712		501(C)(3)	10,340.	0.			GENERAL USE
AMERICAN HEART AMERICAN STROKE ASSOCIATION - 2601 N CAMPBELL AVE SUITE 204 - TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **172.**
- 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.

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UNITED WAY OF TUCSON AND SOUTHERN  
ARIZONA, INC.

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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
AMERICAN HEART ASSOCIATION - TUCSON - 2601 N CAMPBELL AVE SUITE 204 - TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
AMERICAN RED CROSS - SO AZ CHAPTER PO BOX 73857 CHICAGO, IL 60673		501(C)(3)	10,013.	0.			GENERAL USE
AMERICAN RED CROSS-CFC PO BOX 73857 CHICAGO, IL 60673		501(C)(3)	20,942.	0.			GENERAL USE
ANGEL CHARITY FOR CHILDREN PO BOX 14225 TUCSON, AZ 85712		501(C)(3)	18,350.	0.			GENERAL USE
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	60,634.	0.			GENERAL USE
ARIZONA AEROSPACE FOUNDATION, INC 6000 E VALENCIA TUCSON, AZ 85705		501(C)(3)	11,000.	0.			GENERAL USE
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041		501(C)(3)	5,432.	0.			GENERAL USE
ARIZONA PUBLIC MEDIA PO BOX 210067 TUCSON, AZ 85721		501(C)(3)	9,200.	0.			GENERAL USE
ARIZONA THEATRE COMPANY 343 S SCOTT AVENUE TUCSON, AZ 85711		501(C)(3)	48,500.	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
ARIZONA YOUTH PARTNERSHIP, INC. 13644 N SANDARIO RD MARANA, AZ 85653		501(C)(3)	9,250.	0.			GENERAL USE
ARIZONA'S CHILDREN ASSOCIATION PO BOX 7277 TUCSON, AZ 85712		501(C)(3)	5,459.	0.			GENERAL USE
BIG BROTHERS BIG SISTERS 160 E. ALAMEDA TUCSON, AZ 85701		501(C)(3)	6,260.	0.			GENERAL USE
BORDER PATROL MUSEUM & MEMORIAL LIBRARY FDN - 4315 TRANS MOUNTAIN ROAD - EL PASO, TX 79924		501(C)(3)	10,218.	0.			GENERAL USE
BOY SCOUTS, CATALINA COUNCIL 5049 E BROADWAY #200 TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85717		501(C)(3)	14,500.	0.			GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85712		501(C)(3)	18,500.	0.			GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85717		501(C)(3)	14,460.	0.			GENERAL USE
CANCER CURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	44,247.	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
CASA COMMUNITY SERVICES 780 SOUTH PARK CENTRE AVE GREEN VALLEY, AZ 85614		501(C)(3)	6,050.	0.			GENERAL USE
CASA DE LOS NINOS 1101 N 4TH AVENUE TUCSON, AZ 85705		501(C)(3)	103,971.	0.			GENERAL USE
CASA DE LOS NINOS 1101 N. 4TH AVE TUCSON, AZ 85705		501(C)(3)	19,415.	0.			GENERAL USE
CASA DE LOS NINOS 1101 N. 4TH AVE TUCSON, AZ 85705		501(C)(3)	14,721.	0.			GENERAL USE
CASA DE LOS NINOS 1101 N. 4TH AVE TUCSON, AZ 85705		501(C)(3)	5,072.	0.			GENERAL USE
CASA DE LOS NINOS (67755) 1101 N 4TH AVENUE TUCSON, AZ 85705		501(C)(3)	5,435.	0.			GENERAL USE
CASA MARIA FREE KITCHEN 401 E.26TH STREET TUCSON, AZ 85713		501(C)(3)	5,542.	0.			GENERAL USE
CATHOLIC COMMUNITY SERVICES 140 W SPEEDWAY BLDG #130 TUCSON, AZ 85712		501(C)(3)	10,000.	0.			GENERAL USE
CATHOLIC COMMUNITY SERVICES 140 W SPEEDWAY #130 TUCSON, AZ 85712		501(C)(3)	29,263.	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
CATHOLIC FOUNDATION - DIOCESE OF TUCSON - 111 S CHURCH AVENUE - TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
CATHOLIC SOCIAL SERVICES TUCSON 140 W SPEEDWAY, SUITE 130 TUCSON, AZ 85705		501(C)(3)	12,000.	0.			GENERAL USE
CATHOLIC SOCIAL SERVICES TUCSON 140 W SPEEDWAY, SUITE 130 TUCSON, AZ 85712		501(C)(3)	24,287.	0.			GENERAL USE
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022		501(C)(3)	5,000.	0.			GENERAL USE
CENTURION FOUNDATION PO BOX 50026 TUCSON, AZ 85712		501(C)(3)	20,000.	0.			GENERAL USE
CHARITIES UNDER 1% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	12,856.	0.			GENERAL USE
CHILD & FAMILY RESOURCES - TUCSON 155 W HELEN TUCSON, AZ 85701		501(C)(3)	12,000.	0.			GENERAL USE
CHILD & FAMILY RESOURCES - TUCSON 2800 E BROADWAY TUCSON, AZ 85716		501(C)(3)	2,033,835.	0.			GENERAL USE
CHILD & FAMILY RESOURCES - TUCSON 2800 E BROADWAY TUCSON, AZ 85716		501(C)(3)	13,331.	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
CHILDREN FIRST- AMERICA'S CHARITIES - LOCKBOX #79570 - BALTIMORE, MD 21117		501(C)(3)	26,759.	0.			GENERAL USE
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	27,628.	0.			GENERAL USE
CHILDREN'S MEDICAL CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94101		501(C)(3)	20,925.	0.			GENERAL USE
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	25,261.	0.			GENERAL USE
CHRISTIAN CHILDREN'S CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	5,134.	0.			GENERAL USE
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21117		501(C)(3)	51,537.	0.			GENERAL USE
COCHISE COUNTY HUMANE SOCIETY 6967 E DAKOTA RD HEREFORD, AZ 85615		501(C)(3)	5,047.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	6,704.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	12,000.	0.			GENERAL USE

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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
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	21,638.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	29,808.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	29,650.	0.			GENERAL USE
COMMUNITY FOOD BANK PO BOX 26727 TUCSON, AZ 85726		501(C)(3)	8,225.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES 200 N. GLEBE ROAD, #801 ARLINGTON, VA 22314		501(C)(3)	136,938.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES OF ARIZONA - 24654 N LAKE PLEASANT PKWY #103425 - PEORIA, AZ 85345		501(C)(3)	12,587.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES OF ARIZONA (2221) - 24654 N LAKE PLEASANT PKWY #103425 - PEORIA, AZ 85345		501(C)(3)	23,699.	0.			GENERAL USE
COMMUNITY INVESTMENT CORPORATION 2525 E BROADWAY SUITE 105 TUCSON, AZ 85712		501(C)(3)	12,000.	0.			GENERAL USE
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94101		501(C)(3)	6,417.	0.			GENERAL USE

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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
CRISIS PREGNANCY CENTERS OF TUCSON P O BOX 17070 TUCSON, AZ 85702		501(C)(3)	5,936.	0.			GENERAL USE
DAVIS-MONTHAN AFB AIRMAN'S ATTIC PO BOX 15215 TUCSON, AZ 85712		501(C)(3)	7,109.	0.			GENERAL USE
DAVIS-MONTHAN AFB OPERATION WARMHEART - PO BOX 15074 AFB - DAVIS-MONTHAN, AZ 85708		501(C)(3)	11,364.	0.			GENERAL USE
DESERT SPRING CHILDREN'S CENTER 740 E SPEEDWAY TUCSON, AZ 85719		501(C)(3)	6,734.	0.			GENERAL USE
DIRECT CENTER FOR INDEPENDENCE 1023 N TYNDALL AVE TUCSON, AZ 85719		501(C)(3)	12,000.	0.			GENERAL USE
DO UNTO OTHERS PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	8,257.	0.			GENERAL USE
DREW UNIVERSITY 36 MADISON AVE. MADISON, NJ 07940		501(C)(3)	5,000.	0.			GENERAL USE
EARLY CHILDHOOD DEVELOPMENT GROUP (ECDG) - 3472 E FT LOWELL RD - TUCSON, AZ 85716		501(C)(3)	148,940.	0.			GENERAL USE
EARTH SHARE CAMPAIGN CODE # 0051 DEPT 4011 WASHINGTON, DC 20001		501(C)(3)	12,979.	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
EARTH SHARE (0900) CAMPAIGN CODE#0051 DEPT 4011 WASHINGTON , DC 20001		501(C)(3)	6,065.	0.			GENERAL USE
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAYSUITE A200 TUCSON, AZ 85712		501(C)(3)	20,000.	0.			GENERAL USE
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY SUITE A200 TUCSON, AZ 85712		501(C)(3)	1,345,159.	0.			GENERAL USE
EDUCATE AMERICA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	9,213.	0.			GENERAL USE
EMERGE! 2545 E. ADAMS ST. TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
EMERGE! 2545 E. ADAMS ST. TUCSON, AZ 85719		501(C)(3)	7,480.	0.			GENERAL USE
EMERGE! 2545 E. ADAMS ST. TUCSON, AZ 85712		501(C)(3)	5,807.	0.			GENERAL USE
EMPOWERMENT SYSTEMS INC 2066 W. APACHE TRAIL SUITE 116 APACHE JUNCTION, AZ 85117		501(C)(3)	10,000.	0.			GENERAL USE
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, #420 ROCKWILLE, MD 20850		501(C)(3)	5,000.	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
FLOWING WELLS EXTENSION PROGRAM, INC - 1444 W PRINCE ROAD - TUCSON, AZ 85705		501(C)(3)	16,500.	0.			GENERAL USE
FOUNDATION FOR POTTSTOWN EDUCATION 230 BEECH STREET POTTSTOWN, PA 19464		501(C)(3)	40,000.	0.			GENERAL USE
FRANCISCAN SISTERS OF OUR LADY OF PERPETUAL HELP - 335 S. KIRKWOOD ROAD - ST LOUIS, MO 63122		501(C)(3)	5,000.	0.			GENERAL USE
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD. TUCSON, AZ 85712		501(C)(3)	11,000.	0.			GENERAL USE
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30301		501(C)(3)	22,027.	0.			GENERAL USE
GOSPEL RESCUE MISSION OF TUCSON 326 W 28TH ST TUCSON, AZ 85713		501(C)(3)	19,856.	0.			GENERAL USE
GOSPEL RESCUE MISSION OF TUCSON 326 W 28TH ST TUCSON, AZ 85713		501(C)(3)	11,703.	0.			GENERAL USE
GOSPEL RESCUE MISSION OF TUCSON 326 W 28TH ST TUCSON, AZ 85713		501(C)(3)	5,126.	0.			GENERAL USE
GRANTS ONE-STOP CENTER PO BOX 86750 TUCSON, AZ 85754		501(C)(3)	17,500.	0.			GENERAL USE

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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
HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE. TUCSON, AZ 85719		501(C)(3)	9,159.	0.			GENERAL USE
HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE. TUCSON, AZ 85719		501(C)(3)	5,670.	0.			GENERAL USE
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94101		501(C)(3)	45,659.	0.			GENERAL USE
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20152		501(C)(3)	16,829.	0.			GENERAL USE
HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON, AZ 85732		501(C)(3)	5,408.	0.			GENERAL USE
HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON, AZ 85732		501(C)(3)	5,547.	0.			GENERAL USE
HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON, AZ 85713		501(C)(3)	9,250.	0.			GENERAL USE
HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON, AZ 85713		501(C)(3)	29,160.	0.			GENERAL USE
HUMAN CARE CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	10,585.	0.			GENERAL USE

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HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD TUCSON, AZ 85716		501(C)(3)	57,123.	0.			GENERAL USE
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD TUCSON, AZ 85716		501(C)(3)	32,921.	0.			GENERAL USE
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD. TUCSON, AZ 85716		501(C)(3)	20,633.	0.			GENERAL USE
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD TUCSON, AZ 85716		501(C)(3)	9,634.	0.			GENERAL USE
HUMANE SOCIETY OF YUMA 285 N FIGUEROA AVE YUMA, AZ 85364		501(C)(3)	7,173.	0.			GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 WEST INA ROAD TUCSON, AZ 85741		501(C)(3)	11,000.	0.			GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 WEST INA ROAD TUCSON, AZ 85741		501(C)(3)	13,200.	0.			GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 WEST INA ROAD TUCSON, AZ 85741		501(C)(3)	6,200.	0.			GENERAL USE
JEWISH FAMILY & CHILDREN'S SERVICES - 4301 E 5TH ST - TUCSON, AZ 85711		501(C)(3)	5,200.	0.			GENERAL USE

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JEWISH FEDERATION OF SOUTHERN ARIZONA - 3822 E RIVER ROAD #100 - TUCSON, AZ 85718		501(C)(3)	15,250.	0.			GENERAL USE
JIMMY JET FOUNDATION 1500 E VALENCIA RD TUCSON, AZ 85731		501(C)(3)	5,837.	0.			GENERAL USE
JOINT TECHNICAL EDUCATION DISTRICT 2855 W MASTER PIECES DR TUCSON, AZ 85741		501(C)(3)	30,000.	0.			GENERAL USE
KIDCO - CITY OF TUCSON PARKS AND REC - 900 S RANDOLPH WAY - TUCSON, AZ 85716		501(C)(3)	17,500.	0.			GENERAL USE
KIDS FOREVER PRINCE, LLC 602 S. MAGNOLIA AVE. TUCSON, AZ 85711		501(C)(3)	8,893.	0.			GENERAL USE
KNIGHTS OF COLUMBUS COUNCIL 12696 300 N TANQUE VERDE LOOP TUCSON, AZ 85748		501(C)(3)	5,000.	0.			GENERAL USE
LA FRONTERA 502 W 29TH ST TUCSON, AZ 85713		501(C)(3)	10,000.	0.			GENERAL USE
LAKE ANNA RESCUE, INC. PO BOX 101 BUMPASS, VA 23024		501(C)(3)	30,000.	0.			GENERAL USE
LITERACY CONNECTS 2850 E SPEEDWAY TUCSON, AZ 85716		501(C)(3)	5,000.	0.			GENERAL USE

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LITERACY CONNECTS/ RORSA 2850 E SPEEDWAY TUCSON, AZ 85716		501(C)(3)	16,000.	0.			GENERAL USE
LITERACY CONNECTS/ RORSA 2850 E SPEEDWAY TUCSON, AZ 85722		501(C)(3)	36,000.	0.			GENERAL USE
LIVE THE SOLUTION 1517 N WILMOT ROAD#130 TUCSON, AZ 85719		501(C)(3)	12,000.	0.			GENERAL USE
LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60660		501(C)(3)	250,000.	0.			GENERAL USE
LUTHERAN SOCIAL SERVICES SW 5049 E.BROADWAY BLVD., STE 102 TUCSON, AZ 85711		501(C)(3)	9,130.	0.			GENERAL USE
MAKE WAY FOR BOOKS 3955 E. FORT LOWELL RD., STE 114 TUCSON, AZ 85712		501(C)(3)	14,500.	0.			GENERAL USE
MAKE WAY FOR BOOKS 3955 E FT LOWELL RD SUITE 114 TUCSON, AZ 85712		501(C)(3)	62,266.	0.			GENERAL USE
MAKE-A-WISH FOUNDATION ARIZONA 711 E NORTHERN AVE PHOENIX, AZ 85020		501(C)(3)	5,254.	0.			GENERAL USE
MARANA UNIFIED SCHOOL DISTRICT 7651 N OLDFATHER DR TUCSON, AZ 85741		501(C)(3)	86,032.	0.			GENERAL USE

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MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST. STE #201 SALEM, MA 01971		501(C)(3)	18,247.	0.			GENERAL USE
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH - PO BOX 245163 - TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
MESA UNITED WAY 137 EAST UNIVERSITY DRIVE MESA, AZ 85015		501(C)(3)	6,002.	0.			GENERAL USE
METROPOLITAN EDUCATION COMMISSION 930 E BROADWAY TUCSON, AZ 85712		501(C)(3)	6,000.	0.			GENERAL USE
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS - PO BOX 45754 - SAN FRANCISCO, CA 94101		501(C)(3)	84,359.	0.			GENERAL USE
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939		501(C)(3)	28,376.	0.			GENERAL USE
NORTHERN ARIZONA UNIVERSITY FOUNDATION - PO BOX 4094 - FLAGSTAFF, AZ 86001		501(C)(3)	6,500.	0.			GENERAL USE
OLD SPANISH TRAIL PRESCHOOL 9395 E OLD SPANISH TRAIL TUCSON, AZ 85710		501(C)(3)	10,025.	0.			GENERAL USE
OUR FAMILY SERVICES 2590 N ALVERNON WAY TUCSON, AZ 85712		501(C)(3)	14,320.	0.			GENERAL USE

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OUR FAMILY SERVICES 209 S TUCSON BLVD #1 TUCSON, AZ 85712		501(C)(3)	46,683.	0.			GENERAL USE
OUR FAMILY SERVICES 2590 N ALVERNON WAY TUCSON, AZ 85731		501(C)(3)	5,720.	0.			GENERAL USE
OUTER LIMITS SCHOOL 3472 E FORT LOWELL RD TUCSON, AZ 85716		501(C)(3)	11,667.	0.			GENERAL USE
PARENT AID CHILD ABUSE PREVENTION CENTER - 2580 EAST 22ND ST - TUCSON, AZ 85713		501(C)(3)	176,073.	0.			GENERAL USE
PATRONATO SAN XAVIER PO BOX 522 TUCSON, AZ 85712		501(C)(3)	5,500.	0.			GENERAL USE
PHILIPPINE JESUIT FOUNDATION PO BOX 312 NEW YORK, NY 10028		501(C)(3)	15,000.	0.			GENERAL USE
PIMA COMMUNITY COLLEGE 4905D E BROADWAY TUCSON, AZ 85709		501(C)(3)	78,899.	0.			GENERAL USE
PIMA COMMUNITY COLLEGE DISTRICT 4905D E BROADWAY TUCSON, AZ 85709		501(C)(3)	17,500.	0.			GENERAL USE
PIMA COMMUNITY COLLEGE FOUNDATION 1255 N STONE AVENUE TUCSON, AZ 85712		501(C)(3)	6,186.	0.			GENERAL USE

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PIMA COUNCIL ON AGING 8467 E BROADWAY TUCSON, AZ 85710		501(C)(3)	76,450.	0.			GENERAL USE
PIMA COUNCIL ON AGING 8467 E BROADWAY TUCSON, AZ 85710		501(C)(3)	15,200.	0.			GENERAL USE
PIMA COUNCIL ON AGING 8467 E BROADWAY TUCSON, AZ 85710		501(C)(3)	6,387.	0.			GENERAL USE
PIMA COUNTY ANIMAL CARE CENTER 4000 N. SILVERBELL ROAD TUCSON, AZ 85745		501(C)(3)	20,860.	0.			GENERAL USE
PIO DECIMO CENTER 848 SOUTH 7TH AVENUE TUCSON, AZ 85712		501(C)(3)	22,500.	0.			GENERAL USE
PLANNED PARENTHOOD OF ARIZONA 5651 N 7TH ST PHOENIX, AZ 85014		501(C)(3)	8,128.	0.			GENERAL USE
PLANNED PARENTHOOD SOUTHERN ARIZONA - 5651 N 7TH STREET - PHOENIX, AZ 85014		501(C)(3)	12,112.	0.			GENERAL USE
POTTSTOWN PUBLIC LIBRARY 500 HIGH STREET POTTSTOWN, PA 19464		501(C)(3)	20,000.	0.			GENERAL USE
PRESCOTT FIREFIGHTER'S CHARITIES PRESCOTT FIRE DEPARTMENT ADMIN 1700 IRON SPRINGS ROAD - PRESCOTT, AZ 86301		501(C)(3)	57,500.	0.			GENERAL USE

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PRIMAVERA FOUNDATION INC 151 W 40TH STREET . TUCSON, AZ 85712		501(C)(3)	12,000.	0.			GENERAL USE
RETIRED PAWS 528 W CAMINO CURVITAS SAHUARITA, AZ 85629		501(C)(3)	19,849.	0.			GENERAL USE
ROGER L VON AMELUNXEN FOUNDATION PO BOX 660159 FRESH MEADOWS, NY 11365		501(C)(3)	9,175.	0.			GENERAL USE
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN AZ - PO BOX 40725 - TUCSON, AZ 85717		501(C)(3)	8,017.	0.			GENERAL USE
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER ST TUCSON, AZ 85712		501(C)(3)	7,000.	0.			GENERAL USE
SO.ARIZONA ASSOC./EDUCATION OF YOUNG CHILDREN - 50 E CROYDON PARK RD - TUCSON, AZ 85704		501(C)(3)	91,940.	0.			GENERAL USE
SONSHINE PRESCHOOL 551 N.CAMINO SECO TUCSON, AZ 85710		501(C)(3)	7,609.	0.			GENERAL USE
SOUTHERN ARIZONA AIDS FOUNDATION 375 S EUCLID AVENUE TUCSON, AZ 85712		501(C)(3)	5,291.	0.			GENERAL USE
SPORTS CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	6,323.	0.			GENERAL USE

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ST ANDREW'S PRESBYTERIAN CHURCH 7650 N PASEO DEL NORTE TUCSON, AZ 85718		501(C)(3)	5,000.	0.			GENERAL USE
ST ELIZABETH OF HUNGARY CLINIC 140 W SPEEDWAY #100 TUCSON, AZ 85705		501(C)(3)	10,000.	0.			GENERAL USE
ST THOMAS THE APOSTLE CHURCH 5150 N VALLEY VIEW RD TUCSON, AZ 85712		501(C)(3)	28,100.	0.			GENERAL USE
SUSD#30 EDUCATIONAL ENRICHMENT FOUNDATION - 50 W SAHUARITA RD - SAHUARITA, AZ 85729		501(C)(3)	18,800.	0.			GENERAL USE
THE AMERIND FOUNDATION, INC. PO BOX 400 DRAGOON, AZ 85609		501(C)(3)	10,000.	0.			GENERAL USE
THE APPLE TREE LEARNING CENTERS LLC - 1010 E BROADWAY BLVD - TUCSON, AZ 85719		501(C)(3)	20,074.	0.			GENERAL USE
THE PARENT CONNECTION 5326 E PIMA TUCSON, AZ 85712		501(C)(3)	7,500.	0.			GENERAL USE
THE PARENT CONNECTION 5326 E PIMA TUCSON, AZ 85712		501(C)(3)	227,221.	0.			GENERAL USE
THE STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE

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TMC FOUNDATION 5301 E GRANT, PATIO BLDG TUCSON, AZ 85712		501(C)(3)	6,000.	0.			GENERAL USE
TOHDENASSAI COMMITTEE AGAINST FAMILY ABUSE - PO BOX 1510 - KAYENTA, AZ 86033		501(C)(3)	7,588.	0.			GENERAL USE
TOHONO O'ODHAM COMMUNITY COLLEGE PO BOX 3129 SELLS TUCSON, AZ 85634		501(C)(3)	84,962.	0.			GENERAL USE
TUCSON CHILDREN'S MUSEUM 200 S 6TH AVENUE TUCSON, AZ 85712		501(C)(3)	7,500.	0.			GENERAL USE
TUCSON CONQUISTADORES FOUNDATION 6450 E BROADWAY BLVD TUCSON, AZ 85712		501(C)(3)	6,500.	0.			GENERAL USE
TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER RD TUCSON, AZ 85718		501(C)(3)	21,000.	0.			GENERAL USE
TUCSON MUSEUM OF ART 140 N MAIN AVE TUCSON, AZ 85712		501(C)(3)	5,500.	0.			GENERAL USE
TUCSON NURSERY SCHOOL 2385 S PLUMER AVE TUCSON, AZ 85713		501(C)(3)	7,500.	0.			GENERAL USE
TUCSON NURSERY SCHOOL 2385 S. PLUMER AVE. TUCSON, AZ 85713		501(C)(3)	6,889.	0.			GENERAL USE

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TUCSON SYMPHONY ORCHESTRA 2175 N 6TH AVE TUCSON, AZ 85706		501(C)(3)	6,000.	0.			GENERAL USE
TUCSON SYMPHONY ORCHESTRA SOCIETY 2175 N 6TH AVENUE TUCSON, AZ 85712		501(C)(3)	7,500.	0.			GENERAL USE
TUCSON UNIFIED SCHOOL DISTRICT 1010 E. 10TH ST. TUCSON, AZ 85719		501(C)(3)	73,707.	0.			GENERAL USE
TUCSON URBAN LEAGUE 2305 S PARK AVE TUCSON, AZ 85713		501(C)(3)	11,000.	0.			GENERAL USE
TUCSON URBAN LEAGUE 2305 S PARK AVE TUCSON, AZ 85713		501(C)(3)	30,000.	0.			GENERAL USE
TUCSON YOUTH DEVELOPMENT, INC 1901 N STONE AVENUE TUCSON, AZ 85712		501(C)(3)	25,000.	0.			GENERAL USE
TUSD PACE PRESCHOOL PROGRAMS 1010 E. 10TH ST. TUCSON, AZ 85719		501(C)(3)	22,162.	0.			GENERAL USE
U/AZ FDN-(TAKE CHARGE AMERICA INSTITUTE) - 650 N PARK AVE PO BOX 210078 - TUCSON, AZ 85712		501(C)(3)	8,000.	0.			GENERAL USE
UA - PIMA COUNTY COOPERATIVE EXTENSION - PO BOX 3308 - TUCSON, AZ 85722		501(C)(3)	19,992.	0.			GENERAL USE

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UA FOUNDATION STEELE MEMORIAL CHILDREN'S RESEARCH - PO BOX 210109 - TUCSON, AZ 85721		501(C)(3)	12,500.	0.			GENERAL USE
UA FOUNDATION-STEELE MEMORIAL CHILDREN'S RESEARCH - PO BOX 245073 - TUCSON, AZ 85712		501(C)(3)	5,000.	0.			GENERAL USE
UNITED SERVICE ORGANIZATION (USO) 2111 WILSON BLVD ARLINGTON, VA 22001		501(C)(3)	10,207.	0.			GENERAL USE
UNITED WAY OF NORTHERN ARIZONA 1515 E CEDAR AVENUE SUITE D-1 FLAGSTAFF, AZ 86001		501(C)(3)	16,575.	0.			GENERAL USE
UNITED WAY OF NORTHERN ARIZONA 1515 E CEDAR AVENUE SUITE D-1 FLAGSTAFF, AZ 86002		501(C)(3)	5,425.	0.			GENERAL USE
UNITED WAY OF PINAL COUNTY PO BOX 10541 CASA GRANDE, AZ 85122		501(C)(3)	17,850.	0.			GENERAL USE
UNITED WAY OF YUMA COUNTY 180 WEST 1ST STREET SUITE B YUMA, AZ 85364		501(C)(3)	18,025.	0.			GENERAL USE
UNIVERSITY CITY CHURCH 247 E 5TH STREET TUCSON, AZ 85712		501(C)(3)	6,000.	0.			GENERAL USE
UNIVERSITY OF ARIZONA PO BOX 210109 TUCSON, AZ 85721		501(C)(3)	82,693.	0.			GENERAL USE

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UNIVERSITY OF ARIZONA PO BOX 210109 TUCSON, AZ 85721		501(C)(3)	132,390.	0.			GENERAL USE
UNIVERSITY OF ARIZONA - COOPERATIVE EXTENSION - PO BOX 3308 - TUCSON, AZ 85712		501(C)(3)	43,730.	0.			GENERAL USE
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210416, RM 210 TUCSON, AZ 85721		501(C)(3)	20,785.	0.			GENERAL USE
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210416, RM 210 TUCSON, AZ 85721		501(C)(3)	5,128.	0.			GENERAL USE
UNIVERSITY OF ARIZONA FOUNDATION - 1885 SOCIETY - PO BOX 210416, RM 210 - TUCSON, AZ 85721		501(C)(3)	10,000.	0.			GENERAL USE
UNIVERSITY OF ARIZONA INTERCOLLEGIATE ATHLETICS - PO BOX 210109 - TUCSON, AZ 85721		501(C)(3)	13,000.	0.			GENERAL USE
VALLEY OF THE SUN UNITED WAY 1515 E.OSBORN RD PHOENIX, AZ 85001		501(C)(3)	31,674.	0.			GENERAL USE
VERITAS ACADEMY OF TUCSON PO BOX 35263 TUCSON, AZ 85740		501(C)(3)	5,000.	0.			GENERAL USE
WILD ANIMALS WORLDWIDE PO BOX 45754 SAN FRANCISCO, CA 94101		501(C)(3)	14,087.	0.			GENERAL USE

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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
WINGS ON WORDS 202 E SPEEDWAY TUCSON, AZ 85705		501(C)(3)	7,577.	0.			GENERAL USE
WOMEN FOR WOMEN INTERNATIONAL 4455 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20008		501(C)(3)	5,000.	0.			GENERAL USE
WOMEN, CHILDREN & FAMILY SERVICE CHARITIES - PO BOX 45754 - SAN FRANCISCO, CA 94101		501(C)(3)	8,384.	0.			GENERAL USE
WOUNDED WARRIOR 4150 N DRINKWATER BLVD, #100 SCOTTSDALE, AZ 85250		501(C)(3)	15,929.	0.			GENERAL USE
WOUNDED WARRIOR FAMILY FOUNDATION 4336 SHAMROCK LANE MONTGOMERY, AL 36101		501(C)(3)	7,616.	0.			GENERAL USE
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256		501(C)(3)	67,401.	0.			GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85712		501(C)(3)	17,382.	0.			GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85712		501(C)(3)	18,500.	0.			GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85712		501(C)(3)	6,130.	0.			GENERAL USE

Schedule I (Form 990)

**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
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702		501(C)(3)	5,089.	0.			GENERAL USE
YOUNG EXPLORERS INC 7301 E 22ND STREET TUCSON, AZ 85710		501(C)(3)	5,844.	0.			GENERAL USE
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712		501(C)(3)	25,000.	0.			GENERAL USE
YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON, AZ 85712		501(C)(3)	14,902.	0.			GENERAL USE
YUMA COMMUNITY FOOD BANK 2325 S ENGLER AVENUE YUMA, AZ 85364		501(C)(3)	5,619.	0.			GENERAL USE

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance
EMERGENCY ASSISTANCE	36	15,213.	0.		
HEALTH AND NUTRITION	9	2,331.	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 AND PROJECT SPECIALISTS MONITOR REPORTS ON A QUARTERLY BASIS AND 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

**2014**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 in 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 (e.g., 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 in line 1a? .....

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input 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 in 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 in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2014

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAYMOND T PENN PRESIDENT & CEO	(i)	224,362.	0.	0.	5,300.	11,234.	240,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 2014 - 2015 RESULTS INCLUDE:

CHILDREN RECEIVED 91,830 AGE-APPROPRIATE BOOKS TO BUILD THEIR PERSONAL HOME LIBRARIES

9,400 CHILDREN WERE IN EARLY CARE AND EDUCATION PROGRAMS THAT ACTIVELY ENGAGE IN QUALITY IMPROVEMENT EFFORTS

14,867 YOUTH PARTICIPATED IN QUALITY, AFTER-SCHOOL PROGRAMS

2,787 FAMILIES RECEIVED GUIDANCE FOR RAISING AND NURTURING THEIR CHILD EITHER IN THE HOME OR AT COMMUNITY-BASED SETTINGS

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

16,907 LOW-INCOME, WORKING FAMILIES USED NO-FEE TAX PREPARATION SERVICES AT VITA SITES TO RECEIVE ALL APPROPRIATE TAX CREDITS AND REFUNDS

4,995 FAMILIES AND YOUTH RECEIVED SERVICES TO BECOME MORE FINANCIALLY STABLE

126 YOUTH DEVELOPMENT PROFESSIONALS LEARNED DEVELOPMENTALLY APPROPRIATE PRACTICES LEADING TO BETTER OUTCOMES FOR YOUTH

2,557 SENIORS BECAME MORE ACTIVE AND INDEPENDENT THROUGH VOLUNTEERING

167,834 HOURS TO SUPPORT OTHER SENIORS AND FAMILIES TO MEET THEIR NEEDS

9,465 SENIORS WERE ABLE TO STAY AT HOME BECAUSE OF HELP AND SUPPORT FROM QUALITY PROGRAMS

1,627 CHILDREN ATTENDED EARLY EDUCATION PROGRAMS THAT PROMOTE HEALTHY NUTRITION AND PHYSICAL ACTIVITY

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

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

Employer identification number  
86-0098932

A DRAFT 990 FORM IS EMAILED TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW.  
THE DRAFT IS VOTED FOR APPROVAL DURING A SUBSEQUENT BOARD MEETING.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS  
ANNUALLY.

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

THE ORGANIZATION OBTAINED COMPARABLE COMPENSATION INFORMATION FROM CHARITY  
NAVIGATOR AND GUIDESTAR, MET IN EXECUTIVE SESSION TO DISCUSS THE REPORT,  
PERFORMED AN APPRAISAL REVIEW OF THE PRESIDENT/CEO AND APPROVED THE  
COMPENSATION BASED ON THE INDEPENDENT INFORMATION IN CONJUNCTION WITH THE  
PERFORMANCE REVIEW.

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

FORM 990, AUDIT REPORTS AND OTHER DOCUMENTS ARE POSTED ON THE  
ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF SOLAR PANELS TO THE UNITED WAY CAPITAL  
CORPORATION

-44,000.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT AND REVIEW PROCESS DID NOT CHANGE DURING  
THE CURRENT YEAR.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 PO BOX 86750 TUCSON, AZ 85754-6750	CHARITABLE	ARIZONA	501(C)(3)	LINE 11A, I	N/A		X

UNITED WAY OF TUCSON AND SOUTHERN

Schedule R (Form 990) 2014

ARIZONA, INC.

86-0098932

Page 2

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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	K	218,976.	ACTUAL PAYMENT
(2) UNITED WAY CAPITAL CORPORATION	M	77,940.	FAIR MARKET VALUE
(3) UNITED WAY CAPITAL CORPORATION	D	1,686,781.	CASH VALUE
(4) UNITED WAY CAPITAL CORPORATION	R	44,000.	FAIR MARKET VALUE
(5)			
(6)			



