



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific instructions

C Name of organization**MESA UNITED WAY, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

137 EAST UNIVERSITY DRIVE

City or town, state or country, and ZIP + 4

MESA, AZ 85201-5929**F** Name and address of principal officer **T. DAN WOLLAM****SAME AS C ABOVE****D** Employer identification number**86-0198599****E** Telephone number**480-969-8601****G** Gross receipts \$ **2,818,262.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MESAUNITEDWAY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1966** **M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO INCREASE THE ABILITY OF PEOPLE IN OUR COMMUNITY TO CARE FOR ONE ANOTHER, AND TO ENSURE THAT	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	58
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	58
	5	Total number of employees (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	388
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,570,955.	Current Year 2,719,273.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<7,381.>	39,467.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,652.	22,672.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,577,226.	2,781,412.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,441,267.	1,936,023.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	816,406.	657,913.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 231,051.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	416,537.	394,003.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,674,210.	2,987,939.
19	Revenue less expenses Subtract line 18 from line 12	<96,984.>	<206,527.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,229,356.	End of Year 3,961,555.
	21	Total liabilities (Part X, line 26)	2,486,329.	2,346,736.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,743,027.	1,614,819.

Part II Signature Block

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

Sign Here

Signature of Officer

Date

T. DAN WOLLAM, PRESIDENT & CPO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

LARSONALLEN LLP**1201 SOUTH ALMA SCHOOL ROAD, SUITE 14000****MESA, AZ 85210**Phone no. ▶ **480-615-2300**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED FEB 01 2011

916 7

Part III. Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
TO INCREASE THE ABILITY OF PEOPLE IN OUR COMMUNITY TO CARE FOR ONE
ANOTHER, AND TO ENSURE THAT CORE SERVICES FOR CHILDREN, THE DISABLED,
THE ELDERLY, AND THE NEEDY ARE AVAILABLE IN OUR COMMUNITY. WE PURSUE
OUR MISSION IN CONCERT WITH OUR SCHOOLS, CITY GOVERNMENT, BUSINESSES,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 1,765,159. including grants of \$ 1,765,159.) (Revenue \$)
AGENCY ALLOCATIONS

MESA UNITED WAY'S COMMUNITY INVESTMENT PROCESS EMPOWERS PEOPLE WHO LIVE
OR WORK IN MESA TO HELP INVEST COMMUNITY CARE CONTRIBUTIONS WHERE THEY
MATTER MOST. VOLUNTEERS FROM MESA SCHOOLS, COMPANIES, CHURCHES, AND
NEIGHBORHOODS WORK IN TEAMS, VISITING EACH AGENCY IN THEIR AREA OF
INTEREST TO SEE FIRST-HAND HOW LIVES ARE BEING CHANGED. THEY ASK
IN-DEPTH QUESTIONS ABOUT THE ORGANIZATION TO DETERMINE ITS FINANCIAL
HEALTH, CLIENT OUTCOMES AND AREAS IN NEED OF IMPROVEMENT. ONCE THE
VISITS HAVE BEEN COMPLETED, THE TEAMS MAKE RECOMMENDATIONS FOR FUNDING
TO THE MESA UNITED WAY BOARD OF DIRECTORS. IN MANY CASES, FUNDING IS
INCREASED OVER THE PREVIOUS YEAR TO HELP THE AGENCY BETTER SERVE THE

- 4b (Code:) (Expenses \$ 533,120. including grants of \$ 561,680.) (Revenue \$)
COMMUNITY IMPACT

THE COMMUNITY IMPACT PROGRAM IS RESPONSIBLE FOR CARRYING OUT MESA
UNITED WAY'S MISSION. THIS PROGRAM BRINGS MESA UNITED WAY STAFF
TOGETHER WITH VOLUNTEERS, AGENCIES, AND COMPANIES IN MESA TO HELP
MEMBERS OF OUR COMMUNITY LEAD BETTER, MORE SELF-SUFFICIENT LIVES.
COMMUNITY IMPACT IS ACCOMPLISHED THROUGH FUNDING AGENCY AND GRANT
PROGRAMS, DEVELOPING AND EXECUTING INITIATIVES AND BUILDING
RELATIONSHIPS BETWEEN COMMUNITY MEMBERS. CURRENT INITIATIVES ARE READY
TO LEARN, A PROGRAM DESIGNED TO EDUCATE PARENTS AND COMMUNITY MEMBERS
ABOUT EARLY CHILDHOOD BRAIN DEVELOPMENT; FOSTER CARE, DESIGNED TO RAISE
AWARENESS OF THE NUMBER OF FOSTER CARE CHILDREN IN THE COMMUNITY AND

- 4c (Code:) (Expenses \$ 132,780. including grants of \$) (Revenue \$)
COMMUNITY AWARENESS (COMMUNICATIONS)

THE MARKETING AND COMMUNICATIONS PROGRAM IS RESPONSIBLE FOR DEVELOPING
IDEAS AND CONCEPTS THAT WILL EDUCATE THE COMMUNITY ABOUT MESA UNITED
WAY WITH THE INTENTION OF INSPIRING PEOPLE TO VOLUNTEER AND DONATE.
THIS IS DONE THROUGH THE CREATION OF MARKETING MATERIALS THAT EXPLAIN
MESA UNITED WAY'S VISION, MISSION, ACCOMPLISHMENTS, AND GOALS.

- 4d Other program services (Describe in Schedule O)
 (Expenses \$ 47,100. including grants of \$) (Revenue \$)
- 4e **Total program service expenses** ▶ \$ 2,478,159.

Part IV. Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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? If "Yes," complete Schedule D, Part VII		
• 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? If "Yes," complete Schedule D, Part VIII		
• 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? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

Part IV. Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 10		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	58	
b Enter the number of voting members that are independent	58	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
THE ORGANIZATION - 480-969-8601
137 EAST UNIVERSITY DRIVE, MESA, AZ 85201-5929

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
CAROL MCCORMACK PRESIDENT & CEO	40.00	X		X				103,692.	0.	16,579.
KIRK ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN ALLEN BOARD ETHICS OFFICER	1.00	X		X				0.	0.	0.
F. ROCKNE ARNETT BOARD MEMBER	1.00	X						0.	0.	0.
DENNY BARNEY BOARD MEMBER	1.00	X						0.	0.	0.
DEE H. BURTON BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN CARLAND BOARD MEMBER	1.00	X						0.	0.	0.
PATRICK CASSIDY BOARD MEMBER	1.00	X						0.	0.	0.
BETH COONS BOARD MEMBER	1.00	X						0.	0.	0.
BRENT COPE BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL COWAN BOARD CHAIRMAN	1.00	X		X				0.	0.	0.
CHARLIE DEATON BOARD MEMBER	1.00	X						0.	0.	0.
SALLY DOWNEY, PH. D BOARD MEMBER	1.00	X						0.	0.	0.
DEBRA DUVALL, ED.D BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL ELLIOT BOARD MEMBER	1.00	X						0.	0.	0.
JOHN FORD BOARD MEMBER	1.00	X						0.	0.	0.
JOHN GILES BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
LILLIE GOULD BOARD MEMBER	1.00	X						0.	0.	0.
TOMY HAM BOARD MEMBER	1.00	X						0.	0.	0.
JOHN HARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
FRED HIMOVITZ BOARD MEMBER	1.00	X						0.	0.	0.
KEITH HJELMSTAD BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL HUGHES BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL HUTCHINSON BOARD MEMBER	1.00	X						0.	0.	0.
KYLE JONES BOARD MEMBER	1.00	X						0.	0.	0.
WENDELL JONES BOARD MEMBER	1.00	X						0.	0.	0.
JAMES LECHEMINANT BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								251,692.	0.	48,560.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,719,273.			
	g	Noncash contributions included in lines 1a-1f \$		193,804.			
	h	Total. Add lines 1a-1f		2,719,273.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,697.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real	12,000.			
b		Less rental expenses	(ii) Personal				
c		Rental income or (loss)		12,000.			
d		Net rental income or (loss)		12,000.	12,000.		
7 a		Gross amount from sales of assets other than inventory	(i) Securities	14,770.			
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)		14,770.			
d		Net gain or (loss)		14,770.			14,770.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		47,522.			
b		Less direct expenses		36,850.			
c		Net income or (loss) from fundraising events		10,672.			10,672.
9 a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		2,781,412.	12,000.	0.	50,139.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,765,159.	1,765,159.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	170,864.	170,864.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	296,113.	196,927.	78,310.	20,876.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	246,917.	126,000.	38,970.	81,947.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,388.	1,178.	34,128.	4,082.
9 Other employee benefits	29,945.	8,917.	2,657.	18,371.
10 Payroll taxes	45,550.	27,078.	8,832.	9,640.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,557.		16,557.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	43,919.	38,214.		5,705.
12 Advertising and promotion	5,024.	4,799.	26.	199.
13 Office expenses	64,920.	31,069.	7,274.	26,577.
14 Information technology				
15 Royalties				
16 Occupancy	24,212.	14,759.	8,429.	1,024.
17 Travel	10,303.	1,981.	2,205.	6,117.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,334.	3,921.	2,437.	976.
20 Interest				
21 Payments to affiliates	47,634.		47,634.	
22 Depreciation, depletion, and amortization	55,194.	35,574.	9,810.	9,810.
23 Insurance	15,211.	10,456.	2,237.	2,518.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REPAIRS AND MAINTENANCE	46,864.	28,820.	9,729.	8,315.
b SPECIAL EVENTS	22,940.	42.		22,898.
c PROCESSING FEES	19,805.	8,018.	3,007.	8,780.
d EQUIPMENT LEASE	8,638.	3,989.	1,433.	3,216.
e AGENCY INITIATIVES	5,448.	394.	5,054.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,987,939.	2,478,159.	278,729.	231,051.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	323,302.	1	533,897.
	2 Savings and temporary cash investments	279,453.	2	265,459.
	3 Pledges and grants receivable, net	1,534,565.	3	980,662.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,306.	9	24,851.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	10a 1,188,784.		
	b Less accumulated depreciation	10b 481,098.	10c	707,686.
	11 Investments - publicly traded securities	374,890.	11	1,315,506.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	951,958.	15	133,494.
16 Total assets. Add lines 1 through 15 (must equal line 34).	4,229,356.	16	3,961,555.	
Liabilities	17 Accounts payable and accrued expenses	38,112.	17	19,799.
	18 Grants payable	1,985,461.	18	1,882,565.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	18,305.	24	15,400.
	25 Other liabilities. Complete Part X of Schedule D.	444,451.	25	428,972.
	26 Total liabilities. Add lines 17 through 25.	2,486,329.	26	2,346,736.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,614,924.	27	1,396,884.
	28 Temporarily restricted net assets	128,103.	28	217,935.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,743,027.	33	1,614,819.
	34 Total liabilities and net assets/fund balances	4,229,356.	34	3,961,555.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5179655.	4840757.	5928501.	3570955.	2802987.	22322855.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5179655.	4840757.	5928501.	3570955.	2802987.	22322855.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						22322855.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5179655.	4840757.	5928501.	3570955.	2802987.	22322855.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,178.	215,294.	68,670.	38,443.	24,697.	398,282.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						22721137.
12 Gross receipts from related activities, etc. (see instructions)					12	279,165.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.25 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.36 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	
2 Aggregate contributions to (during year)	132,832.	
3 Aggregate grants from (during year)	123,460.	
4 Aggregate value at end of year	164,197.	
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 type="checkbox"/> Yes <input checked="" 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues 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 XIV

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 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 XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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	830,273.	983,928.			
b Contributions					
c Net investment earnings, gains, and losses	73,396.	<139,292.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		14,363.			
g End of year balance	903,669.	830,273.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 100.00 %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,980.		305,980.
b Buildings		550,601.	206,948.	343,653.
c Leasehold improvements				
d Equipment		236,163.	207,310.	28,853.
e Other		96,040.	66,840.	29,200.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				707,686.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1 Federal income taxes	
UNFUNDED PENSION LIABILITY	163,513.
CASH HELD IN TRUST	265,459.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	428,972.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,781,412.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,987,939.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<206,527.>
4	Net unrealized gains (losses) on investments	4	66,402.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,917.
9	Total adjustments (net) Add lines 4 through 8	9	78,319.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<128,208.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,196,367.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	66,402.
b	Donated services and use of facilities	2b	83,712.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	150,114.
3	Subtract line 2e from line 1	3	2,046,253.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	735,159.
c	Add lines 4a and 4b	4c	735,159.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,781,412.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,309,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	83,712.
e	Add lines 2a through 2d	2e	83,712.
3	Subtract line 2e from line 1	3	2,226,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	761,914.
c	Add lines 4a and 4b	4c	761,914.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,987,939.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO PROVIDE AN INSTRUMENT FOR LONG TERM AND DEFERRED

DONATIONS. FUNDS WILL BE ALLOCATED TO VARIOUS PROGRAMS BASED ON

DESIGNATIONS AND GRANTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUSTS: 11917.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DONOR DESIGNATED CONTRIBUTIONS: 735159.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND SERVICES: 83712.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

NET PERIODIC PENSION COST: 26755.

DONOR DESIGNATED GRANTS: 735159.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

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

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 2010 ANNUAL KICK-OFF EVENT (event type)	(b) Event #2 2010 FINALE/AWARD (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,260.	19,017.	9,245.	47,522.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	19,260.	19,017.	9,245.	47,522.
Direct Expenses	4 Cash prizes			2,400.	2,400.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,376.	8,817.		17,193.
	8 Entertainment				
	9 Other direct expenses	3,858.	6,862.	6,537.	17,257.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(36,850.)
	11 Net income summary. Combine line 3, column (d), and line 10				10,672.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions.**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A&A COTTAGES, INC. P.O. BOX 2992 MESA, AZ 85214	86-0820084	501(C)(3)	17,512.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
ADVOCATES FOR THE DISABLED 5060 N. 19TH AVENUE SUITE #306 PHOENIX, AZ 85015	86-0285294	501(C)(3)	14,393.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
AMERICAN LUNG ASSOCIATION OF ARIZONA - 102 W MCDOWELL RD - PHOENIX, AZ 85003-1297	86-0111676	501(C)(3)	10,603.	0.			DONOR DESIGNATIONS
ALZHEIMER'S ASSOCIATION 1028 E. MCDOWELL ROAD PHOENIX, AZ 85006	13-3039601	501(C)(3)	12,710.	0.			DONOR DESIGNATIONS
AMYOTROPHIC LATERAL SCLEROSIS ASSOC. - 4643 E THOMAS RD, #1 - PHOENIX, AZ 85018	86-0727136	501(C)(3)	7,600.	0.			DONOR DESIGNATIONS
A NEW LEAF 868 E. UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	244,854.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

2 Enter total number of section 501(c)(3) and government organizations

▶ **46.**

3 Enter total number of other organizations

▶ **0.**

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) 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
CLOTHING, PERSONAL HYGIENE, SCHOOL SUPPLIES AND OTHER PHYSICAL NEEDS FOR FOSTER CHILDREN.	700	0.	170,864. FMV		CLOTHING, PERSONAL HYGIENE, SCHOOL SUPPLIES AND OTHER PHYSICAL NEEDS FOR FOSTER CHILDREN.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: AN INDEPENDENT COMMITTEE REVIEWS APPLICATIONS FOR FUNDING FROM VARIOUS ORGANIZATIONS ON AN ANNUAL BASIS. FUNDING AMOUNTS ARE BASED ON THE OVERALL STRENGTH OF THE ORGANIZATIONS PROGRAM, THEIR OVERHEAD LEVEL, AND AUDIT RESULTS. ORGANIZATIONS SUBMIT A QUARTERLY REPORT ON THE STATUS OF THE PROGRAM BEING FUNDED. THE REPORTS ARE REVIEWED FOR ADEQUACY AND FUNDS, FOR THAT QUARTER, ARE SUBSEQUENTLY DISTRIBUTED.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

Part I 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		
ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED, INC. - 3100 E. ROOSEVELT - PHOENIX, AZ 85008	86-0133392	501(C)(3)	7,474.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
ARIZONA BLIND AND DEAF CHILDREN'S FOUNDATION - 3957 E SPEEDWAY BLVD, #207 - TUCSON, AZ 85712	86-1048256	501(C)(3)	10,900.	0.			DONOR DESIGNATIONS		
BANNER HEALTH - BANNER HOME CARE FOUNDATION - 1325 N. FIESTA BLVD. #1 - GILBERT, AZ 85233	94-2545356	501(C)(3)	44,160.	0.			DONOR DESIGNATIONS		
ARIZONA LITERACY & LEARNING CENTER 14001 N 7TH ST, #F112 PHOENIX, AZ 85022	86-1032912	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS		
BOY SCOUTS OF AMERICA GRAND CANYON COUNCIL - 2969 N. GREENFIELD ROAD - PHOENIX, AZ 85016-7715	86-0101295	501(C)(3)	44,270.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
EAST VALLEY ADULT RESOURCES 45 W UNIVERSITY DR., #A MESA, AZ 85201-5831	94-2596075	501(C)(3)	59,368.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
BOYS & GIRLS CLUB OF THE EAST VALLEY - 1405 E. GUADALUPE #4 - TEMPE, AZ 85283	86-0550646	501(C)(3)	38,203.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
BANNER HEALTH FOUNDATION P.O. BOX 2977 PHOENIX, AZ 85062	94-2545356	501(C)(3)	7,635.	0.			DONOR DESIGNATIONS		

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

Schedule I-1 (Form 990) 2009

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

Part I 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		
EDUCATIONAL MEDIA FOUNDATION @ K-LOVE RADIO - 5700 W OAKS BLVD - ROCKLIN, CA 95765-3719	94-2816342	501(C)(3)	7,106.	0.			DONOR DESIGNATIONS		
CATHOLIC CHARITIES 4747 N. 7TH AVENUE PHOENIX, AZ 85013	86-0223999	501(C)(3)	13,891.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
FOUNDATION FOR BURNS & TRAUMA, INC. - PO BOX 1329 - PHOENIX, AZ 85001	86-0207519	501(C)(3)	11,607.	0.			DONOR DESIGNATIONS		
CHILD CRISIS CENTER P.O. BOX 4114 MESA, AZ 85201	86-0407090	501(C)(3)	92,434.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
JUNIOR ACHIEVEMENT OF ARIZONA 636 W SOUTHERN AVE TEMPE, AZ 85282	86-0184349	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS		
LEUKEMIA & LYMPHOMA SOCIETY 3877 N 7TH ST, #300 PHOENIX, AZ 85014	13-5644916	501(C)(3)	7,787.	0.			DONOR DESIGNATIONS		
COMMUNITY LEGAL SERVICES P.O. BOX 21538 PHOENIX, AZ 85036	86-0166615	501(C)(3)	26,420.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
EAST VALLEY FIREFIGHTER CHARITIES FOUNDATION - P.O. BOX 5954 - MESA, AZ 85211-5954	20-5187068	501(C)(3)	19,864.	0.			DONOR DESIGNATIONS		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047
2009

**Open to Public
Inspection**

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

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		
LITERACY VOLUNTEERS OF MARICOPA COUNTY, INC. - 1500 E THOMAS RD, #102 - PHOENIX, AZ 85014	94-2870927	501(C)(3)	5,271.	0.			DONOR DESIGNATIONS		
EPILEPSY FOUNDATION OF ARIZONA 240 W THOMAS RD, 2ND FL PHOENIX, AZ 85013	86-6080639	501(C)(3)	7,799.	0.			DONOR DESIGNATIONS		
MESA SERVICE LEARNING 63 E MAIN ST, #101 MESA, AZ 85201	86-6000481	501(C)(3)	6,820.	0.			DONOR DESIGNATIONS		
FOUNDATION FOR BLIND CHILDREN 1235 E. HARMONT DR. PHOENIX, AZ 85020-3864	86-0129981	501(C)(3)	37,108.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
GABRIEL'S ANGELS 220 S. MULBERRY STREET MESA, AZ 85202	86-0991198	501(C)(3)	5,563.	0.			DONOR DESIGNATIONS		
GENE LEWIS BOXING P.O. BOX 930 MESA, AZ 85211	86-0403149	501(C)(3)	10,424.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
GIRL SCOUTS ARIZONA CACTUS PINE COUNCIL - P.O. BOX 21776 - PHOENIX, AZ 85036	86-0133397	501(C)(3)	20,208.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
PHOENIX DAY 115 E TONTO PHOENIX, AZ 85004	86-0096782	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

Part I 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
RECORDING FOR THE BLIND AND DYSLEXIC - 3627 E INDIAN SCHOOL RD, #108 - PHOENIX, AZ 85015	13-1659345	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS
HOLMES ELEMENTARY SCHOOL 948 S. HORNE MESA, AZ 85204-4122		501(C)(3)	80,867.	0.			DONOR DESIGNATIONS
HOSPICE OF THE VALLEY 1510 E. FLOWER STREET PHOENIX, AZ 85014	86-0338886	501(C)(3)	12,367.	0.			DONOR DESIGNATIONS
SOUTHWEST AUTISM 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	7,224.	0.			DONOR DESIGNATIONS
MARC CENTER OF MESA, INC. 924 N. COUNTRY CLUB MESA, AZ 85201	86-0137109	501(C)(3)	75,916.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
MESA ASSOCIATION OF SPORTS FOR THE DISABLED - 59 E. BROADWAY RD. - MESA, AZ 85211	86-0643471	501(C)(3)	5,377.	0.			DONOR DESIGNATIONS
MESA FOUNDATION FOR EDUCATION EXCELLENCE - 549 N. STAPLEY DRIVE - MESA, AZ 85203	86-0550594	501(C)(3)	31,111.	0.			DONOR DESIGNATIONS
SPECIAL OLYMPICS ARIZONA AKA: SOAZ 1850 W CENTRAL AVE, #900 PHOENIX, AZ 85004	86-0307564	501(C)(3)	10,640.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

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		
THE PHOENIX ZOO AUXILIARY 455 N GALVIN PKWY TUCSON, AZ 85008-3431	20-1917394	501(C)(3)	7,500.	0.			DONOR DESIGNATIONS		
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - PO BOX 86750 - TEMPE, AZ 85754-6750	86-0098932	501(C)(3)	10,120.	0.			DONOR DESIGNATIONS		
SAVE THE FAMILY FOUNDATION OF AZ 450 W. 4TH PLACE MESA, AZ 85201	86-0665712	501(C)(3)	93,607.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
SIRRINE ADULT DAY CARE P.O. BOX 1213 MESA, AZ 85211	86-0575242	501(C)(3)	53,560.	0.			MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS		
SUNSHINE ACRES 3405 N. HIGLEY ROAD MESA, AZ 85215	86-0196532	501(C)(3)	42,665.	0.			DONOR DESIGNATIONS		
UNITED FOOD BANK 358 E. JAVELINA MESA, AZ 85210	86-0505273	501(C)(3)	106,213.	0.			DONOR DESIGNATIONS		
VALLEY OF THE SUN UNITED WAY P.O. BOX 10748 PHOENIX, AZ 85064	86-0104419	501(C)(3)	20,136.	0.			DONOR DESIGNATIONS		
ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION & LIFE SKILLS - 10251 N 35TH AVE - PHOENIX, AZ 85051	95-3497070	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS		

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

Schedule I-1 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

MESA UNITED WAY, INC

Employer Identification number
86-0198599

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
DAVID LUNA BOARD MEMBER	1.00	X						0.	0.	0.
PAUL MARYNIAK BOARD MEMBER	1.00	X						0.	0.	0.
DEA MCDONALD BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT MCNICHOLS BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTIAN MENDIVIL BOARD MEMBER	1.00	X						0.	0.	0.
JEFF MIRASOLA BOARD MEMBER	1.00	X						0.	0.	0.
JULIE MORENO BOARD MEMBER	1.00	X						0.	0.	0.
JOEL NEITCH BOARD MEMBER	1.00	X						0.	0.	0.
DAVE PALMER BOARD MEMBER	1.00	X						0.	0.	0.
SHOUAN PAN BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT PERKINSON BOARD SECRETARY	1.00	X		X				0.	0.	0.
GARY PIERCE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL SANDERS BOARD MEMBER	1.00	X						0.	0.	0.
GARY SMITH BOARD MEMBER	1.00	X						0.	0.	0.
JOHN SOETHE BOARD MEMBER	1.00	X						0.	0.	0.
DEAN TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
WILFORD TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
DEANNA VILLANUEVA-SAUCE BOARD MEMBER	1.00	X						0.	0.	0.
SAVID WADE BOARD MEMBER	1.00	X						0.	0.	0.
RON WELLS BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEVE ADAMS	STEVE ADAMS IS A BO	5,386.	STEVE OWNS		X
ALAN HEYWOOD	ALAN HEYWOOD IS A B	3,048.	ALAN OWNS A		X
KYLE JONES	KYLE JONES IS A BOA	350.	KYLE IS A P		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		170,864.	IRS CHART
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	5,625.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>PRIZES/AWARDS</u>)	X	39	43,513.	FAIR MARKET VALUE/IN
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CORE SERVICES FOR CHILDREN, THE DISABLED, THE ELDERLY, AND THE NEEDY
ARE AVAILABLE IN OUR COMMUNITY. WE PURSUE OUR MISSION IN CONCERT WITH
OUR SCHOOLS, CITY GOVERNMENT, BUSINESSES, FAITH ORGANIZATIONS, AND
NON-GOVERNMENTAL AGENCIES TO CREATE THE FABRIC OF A HEALTHY AND LIVABLE
COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAITH ORGANIZATIONS, AND NON-GOVERNMENTAL AGENCIES TO CREATE THE FABRIC
OF A HEALTHY AND LIVABLE COMMUNITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

OPENED THE "HELEN'S HOPE CHEST" FACILITY. THIS INITIATIVE PROVIDES
CLOTHING, SCHOOL SUPPLIES, AND SUNDRY ITEMS TO FOSTER CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEEDS OF THE COMMUNITY. SOMETIMES, HOWEVER, THE VOLUNTEERS DETERMINE
THAT THE MONEY WOULD BE BETTER SPENT IN A DIFFERENT PROGRAM OR AGENCY,
AND RECOMMEND REDUCING OR ELIMINATING FUNDING. THE RESULT IS AN
ASSURANCE THAT DONOR CONTRIBUTIONS ARE SPENT WISELY, AND IN A MANNER
THAT HAS MAXIMUM POSITIVE IMPACT ON THE PEOPLE OF MESA. WITH THE
COMMUNITY CARE DOLLARS, OVER 35 SOCIAL SERVICE AGENCIES PROVIDE 60
PROGRAMS TO CARRY OUT PROGRAMS THAT ENABLE CHILDREN TO LIVE IN A SAFE
ENVIRONMENT, SUCCEED IN SCHOOL AND BECOME RESPONSIBLE, CONTRIBUTING
ADULTS; PROGRAMS THAT PROVIDE SAFE SHELTER, FOOD AND OTHER SERVICES TO
MESA RESIDENTS FACING UNFORESEEN HARDSHIPS; PROGRAMS THAT ENABLE PEOPLE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

WITH SPECIAL NEEDS AND DISABILITIES TO LIVE UP TO THEIR FULLEST
POTENTIAL; PROGRAMS THAT HELP FRAIL ELDERLY PEOPLE AND THOSE SUFFERING
FROM ALZHEIMER'S OR OTHER FORMS OF DEMENTIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HOW PEOPLE CAN GET INVOLVED IN HELPING THESE CHILDREN; AND 85204,
DESIGNED TO INCREASE FINANCIAL STABILITY FOR INDIVIDUALS AND FAMILIES
IN THAT ZIP CODE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GRANT PROGRAMS

READY TO LEARN - THE READY TO LEARN PROGRAM'S PURPOSE IS TO EDUCATE
PARENTS AND COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF EARLY CHILDHOOD
BRAIN DEVELOPMENT TO ENSURE MESA CHILDREN ARE PROPERLY PREPARED TO
LEARN WHEN THEY BEGIN SCHOOL. THIS GOAL IS ACHIEVED PARTLY BY PROVIDING
PARENT EDUCATION CLASSES AND NETWORKING OPPORTUNITIES. A DES GRANT
FUNDING A COLLABORATION OF AGENCIES PROVIDING ACTIVITIES THAT WILL
ENSURE OUR CHILDREN ARE PREPARED TO LEARN WHICH IS ACHIEVED THROUGH THE
MESA UNITED WAY CREATED FAMILY FUN VAN. THE FAMILY FUN VAN TRAVELS TO
VARIOUS LOCATIONS FROM OCTOBER TO MAY EACH YEAR AND HELPS PREPARE
PRE-SCHOOL AGED CHILDREN FOR SCHOOL THROUGH STORYTELLING, CRAFTS
ACTIVITIES, AND PROVIDING THEM WITH BOOKS TO ENCOURAGE READING. MESA
UNITED WAY ALSO WORKS WITH THE MESA REGIONAL SCHOOL READINESS
PARTNERSHIP TO ANALYZE COMMUNITY NEEDS AND ISSUES AROUND EARLY
CHILDHOOD DEVELOPMENT. THIS PROGRAM RECEIVES FUNDING FROM ARIZONA EARLY
EDUCATION FUNDS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

EXPENSES \$ 47100. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: RUTHANN BUCHANAN - FINANCE & HUMAN
RESOURCES MGR. AND RICHARD JAMES - DIRECTOR OF FINANCE HAVE A FAMILY
RELATIONSHIP. RICHARD JAMES IS RUTHANN BUCHANAN'S SON.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE
FORM 990 WHICH IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM. BASED ON
THE REVIEW, THE AUDIT COMMITTEE RECOMMENDS ACCEPTANCE OR REJECTION OF THE
FORM 990 TO THE EXECUTIVE COMMITTEE. A MOTION TO ACCEPT OR REJECT THE FORM
990 IS THEN MADE TO THE GENERAL BOARD ALONG WITH AUDIT COMMITTEES
RECOMMENDATIONS. A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: TO AVOID ANY CONFLICT OF INTEREST
OR THE APPREARANCE OF A CONFLICT OF INTEREST WHICH COULD TARNISH THE
REPUTATION OF MESA UNITED WAY, MESA UNITED WAY STAFF AND REPRESENTATIVES,
ALL THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO ADHERE TO THE FOLLOWING
INFORMATION.

1) AVOID ANY ACTIVITY OR OUTSIDE INTEREST WHICH CONFLICTS OR APPEARS TO
CONFLICT WITH THE BEST INTERET OF MESA UNITED WAY, INCLUDING INVOLVEMENT
WITH A CURRENT OR POTENTIAL MESA UNITED WAY VENDOR, GRANTEE OR COMPETING
ORGANIZATION UNLESS DISCLOSED TO AND NOT DEEMED TO BE INAPPROPRIATE BY THE
MESA UNITED WAY STAFF ETHICS OFFICER AND MESA UNITED WAY BOARD.

2) ENSURE THAT OUTSIDE EMPLOYMENT AND OTHER ACTIVITIES DO NOT ADVERSELY
AFFECT THE PERFORMANCE OF THEIR MESA UNITED WAY DUTIES OR THE ACHIEVEMENT

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

OF MESA UNITED WAYS MISSION.

3) ENSURE THAT TRAVEL, ENTERTAINMENT AND RELATED EXPENSES ARE INCURRED ON A BASIS CONSISTENT WITH THE MISSION OF MESA UNITED WAY AND NOT FOR PERSONAL GAIN OR INTERESTS.

4) DECLINE ANY GIFT, GRATUITY OF NOMINAL VALUE, AND ANY FOOD , TRANPORATION, LODGING OR ENTERTAINMENT UNLESS DIRECTLY RELATED TO MESA UNITED WAY BUSINESS.

5)REFRAIN FROM INFLUENCING THE SELECTION OF STAFF, CONSULTANTS OR VENDORS WHO ARE RELATIVES OR PERSONAL FRIENDS OR AFFILIATED WITH, EMPLOY OR EMPLOYED BY A PERSON WITH WHOM THEY HAVE A RELATIONSHIP THAT ADVERSELY AFFECTS THE APPEARANCE OF IMPARIALITY.

ALL THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY STATEMENT AND DISCLOSE POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR / PRESIDENT OF MESA UNITED WAY IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. DEMOGRAPHIC DATA IS OBTAINED FROM OUTSIDE SOURCES.

THE LAST COMPENSATION REVIEW/UPDATE PROCESS FOR THE EXECUTIVE DIRECTOR, CAROL MCCORMACK, WAS COMPLETED IN 2010.

COMPENSATION FOR ALL OTHER POSITIONS IN THE ORGANIZATION, INCLUDING KEY PERSONNEL, IS DERIVED USING THE SAME BENCHMARKING DATA AS USED FOR THE EXECUTIVE DIRECTOR POSITION AND APPROVED BY THE EXECUTIVE COMMITTEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number
86-0198599

**THE COMPENSATION REVIEW PROCESS WAS LAST UNDERTAKEN FOR THE DIRECTOR OF
FINANCE AND VICE- PRESIDENT OF OPERATIONS WAS IN 2010.**

**FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE
POSTED ON THE WEBSITE. KEY FINANCIAL DATA ARE PUBLISHED IN ANNUAL REPORT TO
THE PUBLIC. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT
MADE AVAILABLE TO THE PUBLIC.**

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE ADAMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

STEVE ADAMS IS A BOARD MEMBER.

(C) AMOUNT OF TRANSACTION \$ 5386.

**(D) DESCRIPTION OF TRANSACTION: STEVE OWNS ALPHAGRAPHICS #201 WHICH WAS
CONTRACTED WITH TO PROVIDE PRINTING SERVICES FOR MESA UNITED WAY, INC.**

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ALAN HEYWOOD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ALAN HEYWOOD IS A BOARD MEMBER.

(C) AMOUNT OF TRANSACTION \$ 3048.

(D) DESCRIPTION OF TRANSACTION: ALAN OWNS AMERICOPY WHICH WAS CONTRACTED

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MESA UNITED WAY, INC

Employer identification number

86-0198599

WITH TO PROVIDE PRINTING SERVICES FOR MESA UNITED WAY, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KYLE JONES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KYLE JONES IS A BOARD MEMBER.

(C) AMOUNT OF TRANSACTION \$ 350.

(D) DESCRIPTION OF TRANSACTION: KYLE IS A PRINCIPAL AT CENTURION CUSTOM
SECURITY WHICH WAS CONTRACTED WITH TO INSTALL ALARM SYSTEMS AT HELEN'S
HOPE CHEST.

(E) SHARING OF ORGANIZATION REVENUES? = NO