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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 86-0198599	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MESA UNITED WAY INC		<b>E Telephone number</b> (480) 969-8601
	Doing Business As		<b>G</b> Gross receipts \$ 5,787,355
	Number and street (or P O box if mail is not delivered to street address) 137 EAST UNIVERSITY DRIVE	Room/suite	
	City or town, state or country, and ZIP + 4 MESA, AZ 852015929		
	<b>F</b> Name and address of principal officer T DAN WOLLAM 137 EAST UNIVERSITY DRIVE MESA, AZ 852015929		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ WWW.MESAUNITEDWAY.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1966	<b>M</b> State of legal domicile AZ

Part I		Summary		
Activities & Governance	<b>1</b> 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 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			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	58	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	58	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	35	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	400	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	3,044,850	3,423,545
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	177,515	50,957
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,070	158,835
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	3,227,435	3,633,337
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	2,134,306	2,204,385
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	628,856	667,647
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>240,039</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	488,096	554,909
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,251,258	3,426,941
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-23,823	206,396
	Net Assets or Fund Balances			<b>Beginning of Current Year</b>
<b>20</b>		Total assets (Part X, line 16) . . . . .	3,781,537	3,633,129
<b>21</b>		Total liabilities (Part X, line 26) . . . . .	2,120,220	1,798,907
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,661,317	1,834,222

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2013-01-29</div> <div>Date</div> </div>
	<div> <div>T DAN WOLLAM PRESIDENT &amp; CPO</div> <div>Type or print name and title</div> </div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>JACQUELINE ECKMAN</div> </div> <div> <div>Date</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's taxpayer identification number (see instructions)</div> <div>P01300648</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>CLIFTONLARSONALLEN LLP</div> <div>20 EAST THOMAS ROAD SUITE 2300</div> <div>PHOENIX, AZ 85012</div> </div> </div> <div> <div>EIN</div> <div>41-0746749</div> </div> <div> <div>Phone no</div> <div>(602) 266-2248</div> </div>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

4a

(Code ) (Expenses \$ 1,851,317 including grants of \$ 1,851,317 ) (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 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 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

4b

(Code ) (Expenses \$ 321,432 including grants of \$ ) (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 HELEN'S HOPE CHEST, A PROGRAM DESIGNED TO PROVIDE CLOTHING, SCHOOL SUPPLIES, AND OTHER BASIC NEEDS ITEMS TO FOSTER CHILDREN, VOLUNTEER INCOME TAX ASSISTANCE, A PROGRAM DESIGNED TO ASSIST LOW-INCOME FAMILIES AND INDIVIDUALS WITH INCOME TAX RETURN PREPARATION, OPERATION SECOND WIND, AN AMERICORPS PROGRAM DESIGNED TO INCREASE THE CAPACITY OF MEMBER AGENCIES TO PROVIDE DIRECT SERVICES TO THOSE IN NEED, 55+ MORE FOR MESA, A PROGRAM DESIGNED TO LINK WILLING, SKILLED, EXPERIENCED ADULTS WITH CITY, SCHOOL, AND NON-PROFIT NEEDS AT A COMPENSATION LEVEL THAT IS EITHER WELL-BELOW MARKET RATE OR IS ENTIRELY "PRO-BONO"

4c

(Code ) (Expenses \$ 83,046 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

(Code ) (Expenses \$ 731,098 including grants of \$ ) (Revenue \$ )

THE VOLUNTEER INCOME TAX ASSISTANCE (VITA)  
THE VITA PROGRAM IS A FREE TAX PREPARATION SERVICE FOR LOW AND MODERATE INCOME PEOPLE IN THE COMMUNITY MESA UNITED WAY HAS SUPPORTED VITA FOR MANY YEARS, BUT FOR THE LAST THREE YEARS HAS BEEN THE LEAD AGENCY FOR THE MESA PROGRAM VOLUNTEERS ARE PROVIDED WITH TRAINING TO PREPARE TAX RETURNS AND THEN MUST PASS AN IRS CERTIFICATION TEST DURING THE 2011 TAX SEASON, 74 MESA VITA VOLUNTEERS CONTRIBUTED OVER 3,700 HOURS OF THEIR TIME TO COMPLETE MORE THAN 2,600 TAX RETURNS DUE TO THEIR EFFORTS, OVER \$3 3 MILLION TAX DOLLARS WERE RETURNED TO THE MEMBERS OF OUR COMMUNITY WHO NEED IT THE MOST THESE FIGURES EACH REPRESENT A GROWTH OF APPROXIMATELY 33% OVER THOSE FOR THE 2010 TAX SEASON OVER 3,700 HOURS OF TAX PREPARATION SERVICES WERE PROVIDED AT FIVE DIFFERENT SITES COVERING ALL AREAS OF MESA THE FACILITIES FOR VITA SITES ARE PROVIDED BY NON-PROFIT MESA VITA COALITION PARTNERS AMERICORPS "OPERATION SECOND WIND"AMERICORPS IS OFTEN REFERRED TO AS THE DOMESTIC PEACE CORPS MESA UNITED WAY HAS TEAMED UP WITH AMERICORPS, A FEDERAL PROGRAM THAT ENCOURAGES NATIONAL AND COMMUNITY SERVICE WHILE PROVIDING VALUABLE JOB TRAINING OPERATION SECOND WIND PLACES MESA RESIDENTS, MOST OF WHOM ARE OVER 55 YEARS OF AGE, AS DIRECT SERVICE DELIVERY PROFESSIONALS WITHIN NON-PROFIT AGENCIES THAT PROVIDE SERVICES TO THE NEEDY IN OUR COMMUNITY ALL POSITIONS ARE PART-TIME DURING THIS PAST YEAR, 32 OPERATION SECOND WIND MEMBERS SERVED OVER 18,500 HOURS AT 18 SEPARATE PROGRAMS OPERATED BY 10 DIFFERENT NON-PROFIT AGENCIES WITHIN MESA THIS PROGRAM HAS BEEN RENEWED FOR A THIRD YEAR AND WITH 36 MEMBERS SERVING MEMBERS OF THE COMMUNITY

4d

Other program services (Describe in Schedule O )

(Expenses \$ 731,098 including grants of \$ ) (Revenue \$ )

4e
















Total program service expenses

\$ 2,986,893

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

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> . . . . .	21	Yes	
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> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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> . . . . .	26		No
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> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
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> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	18
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	35
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	58		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	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? . . . . .	2	No
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? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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 . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	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? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE ORGANIZATION 137 EAST UNIVERSITY DRIVE MESA,AZ 852015929 (480) 969-8601

Check if Schedule O contains a response to any question in this Part VII . . . . .

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

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

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

[illegible]



## Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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## Section B. Independent Contractors

## Section B. Independent Contractors

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

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

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	1a	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	3,423,545			
	g	Noncash contributions included in lines 1a-1f \$ 364,073					
	h	Total. Add lines 1a-1f . . . . .		3,423,545			
Program Service Revenue	2a		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) . . . . .		23,267		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .			27,690		27,690
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .	a	42,223			
c		Net income or (loss) from fundraising events . .	b	30,483	11,740		11,740
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . .					
10a		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					
11a	NET PERIODIC PENSION G	900099		147,095			147,095
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			147,095			
12	Total revenue. See Instructions . . . . .			3,633,337	0	0	209,792

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,851,317	1,851,317		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	353,068	353,068		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	203,854	100,322	80,354	23,178
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	354,682	234,069	21,539	99,074
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,987	8,266	865	3,856
9	Other employee benefits . . . . .	49,651	30,202	7,063	12,386
10	Payroll taxes . . . . .	46,473	28,294	7,425	10,754
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	21,276	5,342	15,934	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	179,320	172,790	80	6,450
12	Advertising and promotion . . . . .	1,251	1,063	86	102
13	Office expenses . . . . .	61,506	30,167	6,191	25,148
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	30,531	14,265	9,863	6,403
17	Travel . . . . .	13,696	10,568	799	2,329
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	15,352	11,677	2,686	989
20	Interest . . . . .				
21	Payments to affiliates . . . . .	20,040		20,040	
22	Depreciation, depletion, and amortization . . . . .	44,671	24,935	9,868	9,868
23	Insurance . . . . .	14,510	8,401	2,509	3,600
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	REPAIRS AND MAINTENANCE	59,327	34,877	10,975	13,475
b	AGENCY INITIATIVES	54,899	54,899		
c	PROCESSING FEES	22,224	10,016	2,104	10,104
d	SPECIAL EVENTS	11,005	350	797	9,858
e					
f	All other expenses	5,301	2,005	831	2,465
25	Total functional expenses. Add lines 1 through 24f	3,426,941	2,986,893	200,009	240,039
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			343,991	1	205,751
	2	Savings and temporary cash investments . . . . .			310,957	2	333,725
	3	Pledges and grants receivable, net . . . . .			848,891	3	827,584
	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 . . . . .			26,182	9	27,025
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,134,267	673,750	10c	640,084
	b	Less: accumulated depreciation . . . . .	10b	494,183			
	11	Investments—publicly traded securities . . . . .			1,429,830	11	1,438,244
	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 . . . . .			147,936	15	160,716
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,781,537	16	3,633,129
Liabilities	17	Accounts payable and accrued expenses . . . . .			24,824	17	31,068
	18	Grants payable . . . . .			1,617,886	18	1,426,847
	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 . . . . .			11,332	24	7,267
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			466,178	25	333,725
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,120,220	26	1,798,907
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 . . . . .			1,407,846	27	1,531,782
	28	Temporarily restricted net assets . . . . .			253,471	28	302,440
	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 . . . . .			1,661,317	33	1,834,222
	34	Total liabilities and net assets/fund balances . . . . .			3,781,537	34	3,633,129

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,633,337
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,426,941
3	Revenue less expenses Subtract line 2 from line 1	3	206,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,661,317
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-33,491
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,834,222

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization MESA UNITED WAY INC	Employer identification number 86-0198599
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

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(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

11g(i)

(ii)

a family member of a person described in (i) above?

11g(ii)

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)

h

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,928,501	3,570,955	2,802,987	3,044,850	3,423,545	18,770,838
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	5,928,501	3,570,955	2,802,987	3,044,850	3,423,545	18,770,838
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,175,809
6 Public Support. Subtract line 5 from line 4						17,595,029

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,928,501	3,570,955	2,802,987	3,044,850	3,423,545	18,770,838
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,670	38,443	24,697	20,310	23,267	175,387
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						18,946,225

12 Gross receipts from related activities, etc (See instructions )

12227,931

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	92 870 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 710 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. 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		
b 10%-facts-and-circumstances test—2010. 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		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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	3	
2 Aggregate contributions to (during year)	21,263	
3 Aggregate grants from (during year)	47,348	
4 Aggregate value at end of year	113,549	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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 Investment earnings or 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 ▶

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 . . . . .

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		312,455		312,455
b Buildings . . . . .		557,379	262,975	294,404
c Leasehold improvements . . . . .				
d Equipment . . . . .		264,433	231,208	33,225
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				640,084



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,633,337
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,426,941
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	206,396
4	Net unrealized gains (losses) on investments	4	-26,991
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,500
9	Total adjustments (net) Add lines 4 - 8	9	-33,491
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	172,905

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	2,585,407
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-26,991
b	Donated services and use of facilities . . . . .	2b	156,210
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	129,219
3	Subtract line 2e from line 1 . . . . .	3	2,456,188
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	1,177,149
c	Add lines 4a and 4b . . . . .	4c	1,177,149
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	3,633,337

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	2,556,834
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	156,210
e	Add lines 2a through 2d . . . . .	2e	156,210
3	Subtract line 2e from line 1 . . . . .	3	2,400,624
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	1,026,317
c	Add lines 4a and 4b . . . . .	4c	1,026,317
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	3,426,941

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY WITH RESPECT TO THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THIS POLICY HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUSTS -6,500
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS 1,026,317 GAIN ON SALE OF EQUIPMENT 3,737 NET PERIODIC PENSION GAIN 147,095
PART XIII, LINE 2D - OTHER ADJUSTMENTS		IN-KIND SERVICES 156,210
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED GRANTS 1,026,317

**Open to Public Inspection**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

86-0198599

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	(b) Event #2	(c) Other Events	(d) Total Events
		2011 KICK-OFF (event type)	2011 FINALE (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts . . . .	20,675	21,548		42,223
	2 Less Charitable contributions . . . .				
	3 Gross income (line 1 minus line 2) . . . .	20,675	21,548		42,223
Direct Expenses	4 Cash prizes . . . .				
	5 Non-cash prizes . . . .				
	6 Rent/facility costs . . . .				
	7 Food and beverages . . . .	11,287	11,889		23,176
	8 Entertainment . . . .	2,791	3,791		6,582
	9 Other direct expenses . . . .	598	127		725
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 30,483 )
	11 Net income summary Combine lines 3 and 10 in column (d). . . . . ▶				11,740

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 Non-cash 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 lines 1 and 7 in column (d) . . . . . ▶					

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2011

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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

31

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0

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 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
(1) CLOTHING, PERSONAL HYGIENE, SCHOOL SUPPLIES AND OTHER PHYSICAL NEEDS FOR FOSTER CHILDREN			353,068	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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Software ID:  
Software Version:  
EIN: 86-0198599  
Name: MESA UNITED WAY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF868 E UNIVERSITY DR MESA,AZ 85203	86-0256667	501C3	216,506				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
AMERICAN INDIAN SERVICES 1902 N CANYON RD 100 PROVO,UT 84604	87-0477049	501C3	5,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - GRAND CANYON CHAPTER6135 N BLACK CANYON HIGHWAY PHEONX,AZ 85015	53-0196605	501C3	9,280				DONOR DESIGNATIONS
AZ BRAINFOOD INC2635 N RIDGE MESA,AZ 85203	26-3946158	501C3	36,014				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOY SCOUTS OF AMERICA GRAND CANYON COUNCIL 2969 N GREENFIELD RD PHOENIX, AZ 850167715	86-0101295	501C3	39,210				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
BOYS & GIRLS CLUB OF THE EAST VALLEY 1405 E GUADALUPE RD 4 TEMPE, AZ 85283	86-0550646	501C3	14,782				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES COMMUNITY SERVICES4747 N 7TH AVE PHOENIX, AZ 85013	86-0223999	501C3	5,036				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
CHILD CRISIS CENTERPO BOX 4114 MESA, AZ 85201	86-0407090	501C3	82,766				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLEGE BOUND MESA137 E UNIVERSITY DRIVE MESA,AZ 85201	86-0198599	501C3	16,427				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
COMMUNITY BRIDGES1855 W BASELINE RD 101 MESA,AZ 85202	94-2880847	501C3	11,531				DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY LEGAL SERVICES PO BOX 21538 PHOENIX, AZ 85036	86- 0166615	501C3	15,000				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
EAST VALLEY ADULT RESOURCES45 W UNIVERSITY DR A MESA, AZ 852015831	94- 2596075	501C3	38,745				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS



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EAST VALLEY FIREFIGHTER CHARITIES FOUNDATIONPO BOX 5954 MESA, AZ 852115954	20-5187068	501C3	13,676				DONOR DESIGNATIONS
FOUNDATION FOR BLIND CHILDREN 1235 E HARMONT DR PHOENIX, AZ 850203864	86-0129981	501C3	19,854				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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GIRL SCOUTS ARIZONA CACTUS PINE COUNCILPO BOX 21776 PHOENIX, AZ 85036	86-0133397	501C3	23,674				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
HELEN'S HOPE CHEST415 N PASADENA MESA, AZ 85201	86-0198599	501C3	153,017				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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HOSPICE OF THE VALLEY1510 E FLOWER ST PHOENIX, AZ 85014	86-0338886	501C3	6,171				DONOR DESIGNATIONS
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST5049 E BROADWAY BLVD 102 TUCSON, AZ 857113646	86-0252302	501C3	18,402				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARC CENTER OF MESA INC924 N COUNTRY CLUB DR MESA, AZ 85201	86-0137109	501C3	56,529				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
MARICOPA COMMUNITY COLLEGES FOUNDATION2419 W 14TH STREET TEMPE, AZ 85281	86-0327449	501C3	34,502				DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESA COMMUNITY ACTION NETWORK 635 E BROADWAY RD MESA, AZ 85204	86-0558407	501C3	75,283				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
MESA FOUNDATION FOR EDUCATION EXCELLENCE 549 N STAPLEY DR MESA, AZ 85203	86-0550594	501C3	17,367				DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESA PUBLIC SCHOOLS SERVICE LEARNING63 E MAIN ST MESA,AZ 85201	99-9999999	N/A	5,048				DONOR DESIGNATIONS
PAZ DE CRISTO COMMUNITY CENTER424 W BROADWAY RD MESA,AZ 85210	26-1669496	501C3	23,707				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAVE THE FAMILY FOUNDATION OF AZ450 W4TH PLACE MESA,AZ 85201	86-0665712	501C3	70,523				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
SIRRINE ADULT DAY CAREPO BOX 1213 MESA,AZ 85211	86-0575242	501C3	35,727				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUNSHINE ACRES 3405 N HIGLEY RD MESA, AZ 85215	86-0196532	501C3	63,862				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
THE SALVATION ARMY PO BOX 1120 MESA, AZ 852111120	86-0096791	501C3	63,862				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED FOOD BANK245 S NINA DR MESA,AZ 85210	86-0505273	501C3	100,967				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS
VALLEY OF THE SUN YOUNG MEN'S CHRISTIAN ASSOC207 N MESA DR MESA,AZ 85201	86-0096799	501C3	14,302				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WOMEN OF POWER INTERNATIONAL MINISTRIES460 S COUNTRY CLUB 101 MESA,AZ 85210	58-2669235	501C3	10,935				MUW STRATEGIC PLAN AGENCY AND DONOR DESIGNATIONS

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
MESA UNITED WAY INC

Employer identification number  
86-0198599

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		341,623	IRS CHART
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
BUILDING LEASE FOR HELEN'S HOPE				
25 Other ► (CHEST )	X	1	48,000	FMV OF SQ FT
PRINTED MATERIALS FOR SPECIAL				
26 Other ► (EVENTS )	X	1	8,345	INV DISCOUNTS
VOLUNTEER TAX PREPARER AND COORDINATOR				
27 Other ► (TIME, TAX P )	X	98	74,692	IRS CHART
90 FITNESS WORKS GYM 3-MONTH				
28 Other ► (MEMBERSHIPS )	X	90	9,000	MEMBER PRICE
400 ARIZONA DIAMONDBACKS TICKETS FOR				
Other ► (CAMPAIGN )	X	400	12,300	TICKET PRICE
FOOD FOR MEETINGS AND				
Other ► (VOLUNTEERS )	X	15	3,347	INV DISCOUNTS
XMAS TREES FOR NEEDY				
Other ► (FAMILIES )	X	10	360	RETAIL PRICE
PAINT AND SUPPLIES FOR OFFICE				
Other ► (REMODEL )	X	2	350	RETAIL PRICE
MISC GIFT CARDS, POSTERS, AND COOKBOOKS				
Other ► (FOR VOLUN )	X	8	613	RETAIL PRICE
FACILITIES USE FOR VARIOUS MEETINGS AND				
Other ► (EVENTS )	X	7	800	FMV OF SQ FT
FOOD, PRIZES, SUPPLIES FOR				
Other ► (FUNDRAISER )	X	4	9,771	RETAIL PRICE

29

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

29

0

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? . . . . .

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

No

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

No

No

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

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MESA UNITED WAY INC

Employer identification number  
86-0198599

Identifier	Return Reference	Explanation
	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 THEIR REVIEW, THE AUDIT COMMITTEE RECOMMENDS ACCEPTANCE OR REJECTION OF THE FORM 990 TO THE EXECUTIVE COMMITTEE. A MOTION TO ACCEPT OR REJECT THE FORM 990 IS 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. ONCE ACCEPTED, THE TAX PREPARER IS NOTIFIED TO FINALIZE AND FILE THE FORM 990.
	FORM 990, PART VI, SECTION B, LINE 12C	TO AVOID ANY CONFLICT OF INTEREST OR THE APPEARANCE 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 INTEREST 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 OF MESA UNITED WAY'S 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, TRANSPORTATION, 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 IMPARTIALITY. 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	BOARD OF DIRECTORS FORMS A SEARCH COMMITTEE MADE UP OF BOARD MEMBERS AND NON-MEMBERS. THE SEARCH COMMITTEE REVIEWS DEMOGRAPHIC DATA FOR COMPENSATION LEVELS OF CEO'S IN SIMILAR SIZED ORGANIZATIONS. THE SEARCH COMMITTEE RECOMMENDS A COMPENSATION LEVEL TO THE EXECUTIVE COMMITTEE, WHO THEN APPROVES AND SUBMITS TO THE ENTIRE BOARD FOR A VOTE. THE LAST COMPENSATION REVIEW/UPDATE PROCESS FOR THE EXECUTIVE DIRECTOR, T. DAN WOLLAM, 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. 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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -26,991. CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUSTS -6,500. TOTAL TO FORM 990, PART XI, LINE 5 -33,491.
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Additional Data

Software ID:  
Software Version:  
EIN: 86-0198599  
Name: MESA UNITED WAY INC

Form 990, Special Condition Description:

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

4d. Other program services
(Code ) (Expenses \$ 731,098 including grants of \$ ) (Revenue \$ ) THE VOLUNTEER INCOME TAX ASSISTANCE (VITA)THE VITA PROGRAM IS A FREE TAX PREPARATION SERVICE FOR LOW AND MODERATE INCOME PEOPLE IN THE COMMUNITY MESA UNITED WAY HAS SUPPORTED VITA FOR MANY YEARS, BUT FOR THE LAST THREE YEARS HAS BEEN THE LEAD AGENCY FOR THE MESA PROGRAM VOLUNTEERS ARE PROVIDED WITH TRAINING TO PREPARE TAX RETURNS AND THEN MUST PASS AN IRS CERTIFICATION TEST DURING THE 2011 TAX SEASON, 74 MESA VITA VOLUNTEERS CONTRIBUTED OVER 3,700 HOURS OF THEIR TIME TO COMPLETE MORE THAN 2,600 TAX RETURNS DUE TO THEIR EFFORTS, OVER \$3 3 MILLION TAX DOLLARS WERE RETURNED TO THE MEMBERS OF OUR COMMUNITY WHO NEED IT THE MOST THESE FIGURES EACH REPRESENT A GROWTH OF APPROXIMATELY 33% OVER THOSE FOR THE 2010 TAX SEASON OVER 3,700 HOURS OF TAX PREPARATION SERVICES WERE PROVIDED AT FIVE DIFFERENT SITES COVERING ALL AREAS OF MESA THE FACILITIES FOR VITA SITES ARE PROVIDED BY NON-PROFIT MESA VITA COALITION PARTNERS AMERICORPS "OPERATION SECOND WIND"AMERICORPS IS OFTEN REFERRED TO AS THE DOMESTIC PEACE CORPS MESA UNITED WAY HAS TEAMED UP WITH AMERICORPS, A FEDERAL PROGRAM THAT ENCOURAGES NATIONAL AND COMMUNITY SERVICE WHILE PROVIDING VALUABLE JOB TRAINING OPERATION SECOND WIND PLACES MESA RESIDENTS, MOST OF WHOM ARE OVER 55 YEARS OF AGE, AS DIRECT SERVICE DELIVERY PROFESSIONALS WITHIN NON-PROFIT AGENCIES THAT PROVIDE SERVICES TO THE NEEDY IN OUR COMMUNITY ALL POSITIONS ARE PART-TIME DURING THIS PAST YEAR, 32 OPERATION SECOND WIND MEMBERS SERVED OVER 18,500 HOURS AT 18 SEPARATE PROGRAMS OPERATED BY 10 DIFFERENT NON-PROFIT AGENCIES WITHIN MESA THIS PROGRAM HAS BEEN RENEWED FOR A THIRD YEAR AND WITH 36 MEMBERS SERVING MEMBERS OF THE COMMUNITY

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

(A) Name and Title	(B) Average hours per week	(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			
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
MICHAEL COWAN BOARD CHAIRMAN	1 00	X		X				0	0	0
TIM COWLEY BOARD MEMBER	1 00	X						0	0	0
SALLY DOWNEY PH D BOARD VICE-CHAIRMAN	1 00	X		X				0	0	0
JOHN FORD BOARD MEMBER	1 00	X						0	0	0
JOHN GILES BOARD MEMBER	1 00	X						0	0	0
LILLIE GOULD BOARD MEMBER	1 00	X						0	0	0
TOMY HAM BOARD MEMBER	1 00	X						0	0	0
CRAIG HENRY BOARD MEMBER	1 00	X						0	0	0
FRED HIMOVITZ BOARD MEMBER	1 00	X						0	0	0
MICHAEL HUGHES BOARD MEMBER	1 00	X						0	0	0
KYLE JONES BOARD MEMBER	1 00	X						0	0	0
STEVE LOPEZ BOARD MEMBER	1 00	X						0	0	0
DAVID LUNA BOARD MEMBER	1 00	X						0	0	0
ANTHONY MARINELLO 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

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

(A) Name and Title	(B) Average hours per week	(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			
CHRISTIAN MENDIVIL BOARD MEMBER	1 00	X						0	0	0
JEFF MIRASOLA BOARD MEMBER	1 00	X						0	0	0
MITZI MONTOYA 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
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-SAUCEDO BOARD MEMBER	1 00	X						0	0	0
DAVID WADE BOARD MEMBER	1 00	X						0	0	0
RON WELLS BOARD MEMBER	1 00	X						0	0	0
LYNN WESTERGARD BOARD TREASURER	1 00	X		X				0	0	0
MARY JO WHALEN BOARD MEMBER	1 00	X						0	0	0
RICHARD WHITE BOARD MEMBER	1 00	X						0	0	0
BEN WHITING BOARD MEMBER	1 00	X						0	0	0
JO WILSON BOARD MEMBER	1 00	X						0	0	0
JANICE ZALE BOARD MEMBER	1 00	X						0	0	0
STEVE ADAMS BOARD MEMBER	1 00	X						0	0	0
STEVE BECK BOARD MEMBER	1 00	X						0	0	0
CHRIS BRADY BOARD MEMBER	1 00	X						0	0	0
ROBERT BRINTON BOARD MEMBER	1 00	X						0	0	0
JIM CRUTCHER BOARD MEMBER	1 00	X						0	0	0



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

(A) Name and Title	(B) Average hours per week	(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			
FREDRICK EDMAN BOARD MEMBER	1 00	X						0	0	0
GARY FLEMING BOARD MEMBER	1 00	X						0	0	0
ALAN HEYWOOD BOARD MEMBER	1 00	X						0	0	0
DEBORAH JACOBUS BOARD MEMBER	1 00	X						0	0	0
DOUG JOHNSON BOARD MEMBER	1 00	X						0	0	0
HON DENNIS KAVANAUGH BOARD MEMBER	1 00	X						0	0	0
CHARLES PETERSON MD BOARD MEMBER	1 00	X						0	0	0
CLARK RICHTER BOARD MEMBER	1 00	X						0	0	0
LAURA ROBERTSON BOARD MEMBER	1 00	X						0	0	0
PETER STERLING BOARD MEMBER	1 00	X						0	0	0
T DAN WOLLAM PRESIDENT & CEO	40 00			X				93,000	0	22,892
RICHARD JAMES DIRECTOR OF FINANCE	40 00			X				72,000	0	15,962