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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01 , 2013, and ending 06-30 , 2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization UNITED WAY OF NORTHERN ARIZONA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1515 E CEDAR AVE SUITE D-1

Room/suite

City or town, state or province, country, and ZIP or foreign postal code FLAGSTAFF, AZ 86004

D Employer Identification no 86-0211666

E Telephone number (928)773-9813

G Gross receipts $ 2,310,116

F Name and address of principal officer DAVID ABEYTA
3450 W KILTIE LANE, FLAGSTAFF, AZ 86001

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY MOBILIZING COMMUNITIES TO CREATE LASTING CHANGES IN COMMUNITY CONDITIONS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	1,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,298,841	2,171,579
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,496	39,521
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,138	99,016
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,401,475	2,310,116
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,256,944	1,127,868
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	510,540	602,851
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 162,479		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	826,243	761,845
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,593,727	2,492,564
19	Revenue less expenses Subtract line 18 from line 12	(192,252)	(182,448)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,236,393	2,414,000
21	Total liabilities (Part X, line 26)	410,087	770,142
22	Net assets or fund balances Subtract line 21 from line 20	1,826,306	1,643,858

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Part II Signature Block

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

Sign Here

Signature of officer Carol Dykes Actin CEO / Jason Wolfe Treasurer — Date 11-14-2014

Type or print name and title Carol Dykes Actin CEO Jason Wolfe Treasurer

Paid Preparer Use Only

Print/Type preparer's name JOHANNA KLOMANN CPA	Preparer's signature Johanna Klomann CPA	Date 11-13-2014	Check ☐ if self-employed	PTIN P00848468
Firm's name ▶ JOHANNA KLOMANN CPA PLLC			Firm's EIN ▶	
Firm's address ▶ 419 W ASPEN AVE FLAGSTAFF AZ 86001			Phone no 928-774-8995	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

EEA

13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

IMPROVING LIVES BY MOBILIZING COMMUNITIES TO CREATE LASTING CHANGES IN COMMUNITY CONDITIONS.

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 863,691 including grants of $ 863,691) (Revenue $ 963,691)

COMMUNITY INVESTMENT: UNITED WAY OF NORTHERN ARIZONA IS COMMITTED TO ADVANCING THE COMMON GOOD BY FORGING RELATIONSHIPS WITH MANY PARTNERS THROUGHOUT THE COMMUNITY. THESE PARTNERSHIPS AND COLLABORATIONS FOCUS ON IMPROVING LIVES IN THE AREAS OF EDUCATION, INCOME AND HEALTH WITH 57 DIVERSE HEALTH AND HUMAN SERVICES PARTNERS. THESE PARTNERS UNDERGO A VIGOROUS APPLICATION PROCESS ENSURING THE FUNDS ARE USED IN ACCORDANCE TO THE STRICT REQUIREMENTS OF UNITED WAY OF NORTHERN ARIZONA. SCHEDULE I REPORTS THESE AMOUNTS AS WELL AS THOSE FROM THE DONOR REQUESTED DESIGNATIONS.

4b (Code _____) (Expenses $ 264,177 including grants of $ 264,177) (Revenue $ 264,177)

DONOR DESIGNATIONS: UNITED WAY OF NORTHERN ARIZONA HONORS DONOR REQUESTED DESIGNATIONS TO VARIOUS VERIFIED NOT FOR PROFIT 501(C)3 AGENCIES AS A COURTESY TO DONORS. SCHEDULE I REPORTS THESE AMOUNTS AS WELL AS THE UNITED WAY FUNDS.

4c (Code. _____) (Expenses $ 890,959 including grants of $ _____) (Revenue $ 890,959)

See SERVICES page for a description of this program service.

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,018,827

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter.					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

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

Check if Schedule O contains a response or note to any line in the 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	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AZ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ CAROL DYKES (928)773-9813, 1515 E CEDAR AVE SUITE D-1, FLAGSTAFF, AZ 86004

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LIZ ARCHULETA DIRECTOR	1.00	X						0	0	0
(2) MYRNA RODRIGUEZ CARTER DIRECTOR	1.00	X						0	0	0
(3) LENA FOWLER DIRECTOR	1.00	X						0	0	0
(4) SUSANNA MAXWELL DIRECTOR	1.00	X						0	0	0
(5) STEVE PERU DIRECTOR	1.00	X						0	0	0
(6) MARK CARROLL DIRECTOR	1.00	X						0	0	0
(7) DON ROWLEY DIRECTOR	1.00	X						0	0	0
(8) JASON WOLFE TREASURER	3.00	X						0	0	0
(9) RICHARD BOWEN DIRECTOR	1.00	X						0	0	0
(10) PEARL CHANG-ESAU DIRECTOR	1.00	X						0	0	0
(11) STACY BRECHLER-KNAGGS DIRECTOR	1.00	X						0	0	0
(12) KAREN PUGLIESI DIRECTOR	1.00	X						0	0	0
(13) BRADY BROGNI DIRECTOR	1.00	X						0	0	0
(14) STACEY BUTTON DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SEDRIC CADE DIRECTOR	1.00	X						0	0	0
(16) BERT MCKINNON DIRECTOR	1.00	X						0	0	0
(17) CYNTHIA SEELHAMMER DIRECTOR	1.00	X						0	0	0
(18) JEANNE SWARTHOUT DIRECTOR	1.00	X						0	0	0
(19) AMY KERR DIRECTOR	1.00	X						0	0	0
(20) BOB MILLIS DIRECTOR	1.00	X						0	0	0
(21) SYLVIA JOHNSON DIRECTOR	1.00	X						0	0	0
(22) CAROL DYKES VICE PRESIDENT	40.00			X				70,609	0	0
(23) JILL BRIGGS PRESIDENT/CEO	40.00			X				51,494	0	0
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								122,103	0	0

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

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

Section B. Independent Contractors

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

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

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	727,133			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,444,446			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,171,579			
Program Service Revenue			Business Code				
	2a						
	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)		39,521			39,521
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	COST RECOVERY FEE-DESIG	900099	41,453	41,453		
	b	COST RECOVERY FEE - GOV	900099	57,563	57,563		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		99,016			
	12	**Total revenue.** See instructions		2,310,116	99,016	0	39,521

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,127,868	1,127,868		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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				
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	494,734	276,123	156,234	62,377
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	64,818	40,192	24,039	587
10 Payroll taxes	43,299	23,131	15,591	4,577
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	60,370	34,701	15,856	9,813
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,472	23,287		2,185
12 Advertising and promotion	41,125	16,758	6,083	18,284
13 Office expenses	19,955	12,672	3,615	3,668
14 Information technology	22,687	12,085	7,260	3,342
15 Royalties				
16 Occupancy	11,533	7,201	2,937	1,395
17 Travel	32,873	17,114	10,385	5,374
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,821	24,494	6,476	3,851
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,048		32,048	
23 Insurance	7,315	3,640	2,684	991
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMUNITY INITIATIVES	359,445	358,924	521	
b PRINTING/PUBLISHING/POSTAGE	6,687	3,195	596	2,896
c TRAINING	9,682	2,261	7,201	220
d DUES AND SUBSCRIPTIONS	11,747	8,763	1,774	1,210
e All other expenses	86,085	26,418	17,958	41,709
25 **Total functional expenses.** Add lines 1 through 24e	2,492,564	2,018,827	311,258	162,479
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	551,107	1	425,323
	2	Savings and temporary cash investments	403,661	2	444,654
	3	Pledges and grants receivable, net	769,687	3	1,015,444
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		9	14,125
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 859,228			
	b	Less accumulated depreciation — 10b: 344,774	511,938	10c	514,454
	11	Investments - publicly traded securities		11	
	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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,236,393	16	2,414,000
Liabilities	17	Accounts payable and accrued expenses	117,368	17	118,159
	18	Grants payable		18	
	19	Deferred revenue	28,542	19	19,061
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		24	
	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	264,177	25	632,922
	26	**Total liabilities.** Add lines 17 through 25	410,087	26	770,142
Net Assets of Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,015,731	27	787,933
	28	Temporarily restricted net assets	810,575	28	855,925
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	1,826,306	33	1,643,858
	34	Total liabilities and net assets/fund balances	2,236,393	34	2,414,000

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,310,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,492,564
3	Revenue less expenses Subtract line 2 from line 1	3	(182,448)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,826,306
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,643,858

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number

86-0211666

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-funtionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,686,118	2,454,226	2,842,979	2,298,841	2,171,579	12,453,743
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	2,686,118	2,454,226	2,842,979	2,298,841	2,171,579	12,453,743
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)						1,588,304
6 **Public support.** Subtract line 5 from line 4						10,865,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,686,118	2,454,226	2,842,979	2,298,841	2,171,579	12,453,743
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,178	34,052	(2,909)	24,496	39,521	116,338
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,800	4,800	4,800			14,400
11 **Total support.** Add lines 7 through 10						12,584,481

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	86.34 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	93.90 %

16a **33 1/3% support test - 2013.** 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 - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** 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 - 2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 bus under sec 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number

86-0211666

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		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	94,662	86,134	90,505	68,717	60,453
b Contributions				6,309	
c Net investment earnings, gains, and losses	21,832	9,326	(3,718)	15,890	8,798
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,807	798	653	411	534
g End of year balance	113,687	94,662	86,134	90,505	68,717

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,090		55,090
b Buildings		445,724	109,574	336,150
c Leasehold improvements		167,732	97,385	70,347
d Equipment		142,435	90,696	51,739
e Other STMD1E. . .		48,247	47,119	1,128
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				514,454

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DONOR DESIGNATIONS NET OF FEES	632,922
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		632,922

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	2,078,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	32,356		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	32,356
3	Subtract line **2e** from line **1**			3	2,045,939
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	264,177		
c	Add lines **4a** and **4b**			4c	264,177
5	Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12.)			5	2,310,116

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	2,260,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	32,356		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	32,356
3	Subtract line **2e** from line **1**			3	2,228,387
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	264,177		
c	Add lines **4a** and **4b**			4c	264,177
5	Total expenses Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18)			5	2,492,564

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

01. Other revenues included on Form 990 (Part XI, line 4b)

DONOR DESIGNATIONS

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

DONOR DESIGNATIONS

03. Other expenses included on Form 990 (Part XII, line 4b)

DONOR DESIGNATIONS

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN ARIZONA INC

Employer Identification number

86-0211666

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 6135 N BLACK CANYON HIGHWAY PHOENIX, AZ 85015	86-0098906	501C3	21,545				HEALTH
(2) ARIZONA GIRL SCOUTS PO BOX 21776 PHOENIX, AZ 85036	86-0133397	501C3	11,568				HEALTH
(3) ASSOCIATION FOR SUPPORTIVE 2708 N 4TH ST C-1 FLAGSTAFF, AZ 86004	86-0332919	501C3	12,000				HEALTH
(4) BIG BROTHERS BIG SISTERS PO BOX 1701 FLAGSTAFF, AZ 86002	23-7170086	501C3	54,411				HEALTH
(5) WHITE MOUNTAIN MEALS ON WHE 301 E MCNEIL SHOW LOW, AZ 85901	23-7418525	501C3	7,360				HEALTH
(6) HOUSING SOLUTIONS INC PO BOX 30134 FLAGSTAFF, AZ 86003	23-7170086	501C3	29,755				INCOME
(7) ST MARY'S FOOD BANK ALLIANC PO BOX 411 FLAGSTAFF, AZ 86002	23-7353532	501C3	5,645				HEALTH
(8) CATHOLIC CHARITIES 460 N SWITZER CANYON DR ST 40 FLAGSTAFF, AZ 86001	86-0223999	501C3	75,220				HEALTH
(9) FLAGSTAFF SHELTER SERVICES PO BOX 1808 FLAGSTAFF, AZ 86002	20-4921369	501C3	23,438				HEALTH
(10) COMMUNITY BEHAVIORAL HEALH PO BOX 790 PAGE, AZ 86040	86-0473221	501C3	9,388				HEALTH

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

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

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.

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OMB No 1545-0047

2013

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Name of the organization
UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number
86-0211666

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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY COUNSELING CENTER 105 N 5TH AVE HOLBROOK, AZ 86025	86-0215065	501C3	6,180				HEALTH
(2) BIG BROTHERS BIG SISTER NE PO BOX 1722 SHOW LOW, AZ 85902	86-0863796	501C3	5,253				EDUCATION
(3) DNA PEOPLES LEGAL SERVICES 2323 E GREENLAW LANE ST 1 FLAGSTAFF, AZ 86004	86-0207220	501C3	11,061				INCOME
(4) FLAGSTAFF FAMILY FOOD CENTE 1903 N 2ND ST FLAGSTAFF, AZ 86001	86-0754044	501C3	142,147				HEALTH
(5) GUIDANCE CENTER 2187 N VICKEY ST FLAGSTAFF, AZ 86004	86-0223720	501C3	13,283				HEALTH
(6) THE LITERACY CENTER 2223 E 7TH AVE SUITE B FLAGSTAFF, AZ 86004	86-0716673	501C3	17,033				EDUCATION
(7) HABITAT FOR HUMANITY FLAGST PO BOX 3783 FLAGSTAFF, AZ 86003	86-0745153	501C3	12,085				INCOME
(8) BOYS AND GIRLS CLUB FLAGSTA 301 S PASEO DEL FLAG FLAGSTAFF, AZ 86001	45-3083785	501C3	11,000				HEALTH
(9) NATIVE AMERICANS FOR COMMUN 2717 N STEVES BLVD SUITE 11 FLAGSTAFF, AZ 86004	86-0268489	501C3	20,599				EDUCATION
(10) NORTHLAND FAMILY HELP CENTE 2532 N FOURTH STREET 506 FLAGSTAFF, AZ 86004	86-0351566	501C3	99,539				HEALTH

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

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

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.

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OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number
86-0211666

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 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW HOPE RANCH PO BOX 1589 SAINT JOHNS, AZ 85936	86-0894950	501C3	12,963				HEALTH
(2) NORTH COUNTRY HEALTH CARE I 2920 N FOURTH ST FLAGSTAFF, AZ 86004	86-0663432	501C3	34,579				HEALTH
(3) NORTHERN AZ SENIOR CORPS GE PO BOX 5063 FLAGSTAFF, AZ 86011	86-0193726	501C3	21,443				HEALTH
(4) PARENTING ARIZONA 201 E BIRCH FLAGSTAFF, AZ 86001	86-0324590	501C3	17,763				HEALTH
(5) PLAZA VIEJA NEIGHBORHOOD AS 397 S MALAPAIS LANE SUITE 2 FLAGSTAFF, AZ 86001	20-8033302	501C3	7,170				HEALTH
(6) ROUND VALLEY SENIORS 256 S PAPAGO STREET SPRINGERVILLE, AZ 85939	94-2926827	501C3	23,905				HEALTH
(7) SALVATION ARMY PO BOX 2488 FLAGSTAFF, AZ 86003	86-0096791	501C3	26,252				HEALTH
(8) SILVER CREEK SENIOR CITIZEN PO BOX 1495 SNOWFLAKE, AZ 85937	94-2745417	501C3	5,296				HEALTH
(9) SUNNYSIDE NEIGHBORHOOD ASSO 2304 N 3RD ST SUITE 124 FLAGSTAFF, AZ 86004	86-1012315	501C3	51,485				HEALTH
(10) TEEN WELLNESS CLINICS 2625 N KING STREET FLAGSTAFF, AZ 86004	86-6000441	501C3	9,000				HEALTH

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number

86-0211666

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 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VICTIM WITNESS SERVICES 201 E BIRCH AVE SUITE 4 FLAGSTAFF, AZ 86001	86-0481748	501C3	22,022				HEALTH
(2) WHITE MOUNTAIN SAFE HOUSE PO BOX 1890 PINETOP, AZ 85935	86-0526544	501C3	18,436				HEALTH
(3) NORTHLAND HOSPICE PO BOX 997 FLAGSTAFF, AZ 86002	74-2385187	501C3	33,819				HEALTH
(4) PAGE REGIONAL DOMESTIC VIOL PO BOX 3686 PAGE, AZ 86040	86-0838347	501C3	11,035				HEALTH
(5) YMCA 2800 S LONETREE ROAD FLAGSTAFF, AZ 86001	86-0096799	501C3	11,525				EDUCATION
(6) PARENTING ARIZONA-WINSLOW PO BOX 1264 WINSLOW, AZ 86047	86-0227210	501C3	6,480				HEALTH
(7) FASDNA 2080 W FRESH AIRE STREET FLAGSTAFF, AZ 86001	27-0766117	501C3	5,000				HEALTH
(8) SALVATION ARMY WHITE MOUNTA PO BOX 490 SHOW LOW, AZ 85902	86-0096791	501C3	7,098				HEALTH
(9) ST MARYS FOOD BANK AND ALL 2841 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501C3	5,645				
(10)							

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

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

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. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

01. Monitoring procedures (Part I, line 2)

UNITED WAY OF NORTHERN ARIZONA REQUIRES ALL GRANTEES TO FILE A REQUEST FOR PROPOSAL (RFP) ON AN ANNUAL BASIS. THESE RFP'S ARE REVIEWED BY AN INDEPENDENT COMMITTEE OF VOLUNTEERS COMPRISED OF COMMUNITY MEMBERS THAT ARE SCREENED FOR ANY CONFLICT OF INTEREST. THIS COMMITTEE CONDUCTS BOTH SITE VISITS AND A RIGOROUS INTERVIEW AND REVIEW OF SET OF CRITERIA THAT INCLUDES BUT IS NOT LIMITED TO LEGAL, GOVERNANCE, FINANCE AND ORGANIZATION QUALITY ASSURANCE AS WELL AS COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF THE CURRENT STATUS AS AN IRS CODE SECTION 501C(3). THE CURRENT PROGRAMS OPERATING IN COLLABORATION WITH UNTED WAY OF NORTHERN ARIZONA ARE MONITORED THROUGH ON SITE VISITS AS WELL AS REPORTING OUTCOMES THROUGH A LOGIC MODEL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number

86-0211666

01. Members or stockholder classes and rights (Part VI, line 6)

EACH CONTRIBUTOR TO THE MOST RECENT CAMPAIGN OF THE UNITED WAY, WHETHER BUSINESS, CORPORATION, INSTITUTION, OR INDIVIDUAL SHALL BE A MEMBER AND SHALL BE ENTITLED TO VOTE AT ALL MEMBERSHIP MEETINGS IF IN ATTENDANCE. SUCH MEMBERSHIP SHALL BE IN EFFECT FOR ONE YEAR FOLLOWING THE DATE OF THE MEMBER'S CONTRIBUTION.

02. Member election for additional members (Part VI, line 7a)

EACH CONTRIBUTOR TO THE MOST RECENT CAMPAIGN OF THE UNITED WAY, WHETHER BUSINESS, CORPORATION, INSTITUTION, OR INDIVIDUAL SHALL BE A MEMBER AND SHALL BE ENTITLED TO VOTE AT ALL MEMBERSHIP MEETINGS IF IN ATTENDANCE. SUCH MEMBERSHIP SHALL BE IN EFFECT FOR ONE YEAR FOLLOWING THE DATE OF THE MEMBER'S CONTRIBUTION.

03. Form 990 governing body review (Part VI, line 11)

UNITED WAY OF NORTHERN ARIZONA PRESENTS A DRAFT OF THE FORM 990 BEFORE IT IS FILED TO THE FINANCE COMMITTEE. FOLLOWING 990 ACCEPTANCE BY THE FINANCE COMMITTEE, THE 990 THE 990 IS FILED. IT IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS.

04. Conflict of interest policy compliance (Part VI, line 12c)

UNITED WAY OF NORTHERN ARIZONA CONDUCTS AN ANNUAL REVIEW OF ALL CONFLICTS OF INTEREST STATEMENTS WHICH ARE SIGNED BY ALL DIRECTORS AND KEY EMPLOYEES.

05. CEO, executive director, top management comp (Part VI, line 15a)

UNITED WAY OF NORTHERN ARIZONA'S DIRECTORS HAVE APPOINTED A COMMITTEE TO REVIEW AND EXAMINE COMPENSATION DATA FROM OTHER UNITED WAY ORGANIZATIONS AND VARIOUS NON PROFITS OF SIMILAR REVENUE STATUS. THIS COMMITTEE DETERMINES COMPENSATION BASED UPON DATA OBTAINED

Name of the organization: UNITED WAY OF NORTHERN ARIZONA INC

Employer identification number: 86-0211666

AND PERFORMANCE, WHICH PRESENTS THE RECOMMENDATION TO DIRECTORS FOR APPROVAL.

06. Other officer or key employee compensation (Part VI, line 15b

UNITED WAY OF NORTHERN ARIZONA'S DIRECTORS HAVE APPOINTED A COMMITTEE TO REVIEW AND EXAMINE COMPENSATION DATA FROM OTHER UNITED WAY ORGANIZATIONS AND VARIOUS NON PROFITS OF SIMILAR REVENUE STATUS. THIS COMMITTEE DETERMINES COMPENSATION BASED UPON THE DATA OBTAINED AND PERFORMANCE, WHICH PRESENTS THE RECOMMENDATION TO DIRECTORS FOR APPROVAL.

07. Governing documents, etc, available to public (Part VI, line 19)

UNITED WAY OF NORTHERN ARIZONA CURRENTLY HAS THE FINANCIAL STATEMENTS ON THE WEBSITE, AND AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Statement of Program Service Accomplishments

2013 01

Name(s) as shown on return

UNITED WAY OF NORTHERN ARIZONA INC

Your Social Security Number

86-0211666

FORM 990, PART III(A)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	$890959
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	$0
PROGRAM SERVICES REVENUE	$890959

EXPLANATION

COMMUNITY IMPACT: UNITED WAY OF NORTHERN ARIZONA CARRIES OUT ITS MISSION BY INVESTING IN THREE ACTION AREAS - EDUCATION, INCOME, AND HEALTH, THE BUILDING BLOCKS OF A GOOD LIFE - A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH. WITHIN THE THREE ACTION AREAS, UWNA DEFINES GOALS, STRATEGIES, POPULATION INDICATORS AND PROGRAM OUTCOMES TO GUIDE OUR WORK. UNDER EDUCATION, UWNA INITIATIVES FOCUS ON SCHOOL READINESS, SUCH AS KINDERCAMP AND QUALITY IMPROVEMENT GRANTS. KINDERCAMP IS A SUMMER TRANSITION PROGRAM THAT HELPS CHILDREN BECOME READY FOR KINDERGARTEN. LITERACY ENRICHMENT GRANTS PROVIDE FUNDS TO CHILD CARE PROVIDERS AND CENTERS TO BE USED TOWARDS CURRICULUM IMPROVEMENT, PHYSICAL ENVIRONMENT, AND STEPS TOWARD BEING A QUALITY FIRST PROVIDER. UNDER INCOME, UWNA INITIATIVES FOCUS ON IMPROVING INCOME, SAVINGS AND ASSETS. THE UWNA VOLUNTEER INCOME TAX ASSITANCE (VITA) PROGRAM PROVIDES FREE INCOME TO LOW TO MODERATE INCOME FAMILIES. IN 2013 OVER 3.3 MILLION IN TOTAL TAX RETURNS, INCLUDING EARNED INCOME TAX CREDIT (EITC) WAS RECEIVED BY ALMOST 2200 FAMILIES IN NEED. UNDER HEALTH, UWNA INITIATIVES FOCUS ON LIVING HEALTHY BY ADDRESSING THE NEEDS OF CHRONICALLY HUNGRY CHILDREN AND THE IMMPACT IT HAS ON THEIR ACADEMIC LIVES THROUGH A WEEKEND BACKPACK PROGRAM. UWNA ALSO PROVIDES DISASTER RELIEF SERVICES FOR FAMILIES, SUCH AS SANDBAGGING AND DEBRIS CLEANUP.