** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending MAR 31

Open to Public

_	i Oi tiit		ending 1	1 JI, 2022			
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addres						
	Name chang	Doing business as		82-02990	13		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	return/ termin			208-336-			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,470,208.		
F	return Applic tion			H(a) Is this a group re for subordinates			
	ition pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—		
$\overline{\mathbf{T}}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions		
		te: NWW.UNITEDWAYTV.ORG	0 02.	H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: ID		
	art I	Summary		- 1	· otato or regal deminents		
_	1	Briefly describe the organization's mission or most significant activities: WE F	IGHT F	OR THE HEAL	TH,		
Activities & Governance		EDUCATION AND FINANCIAL STABILITY OF EVE	RYONE	IN THE TREA	SURE		
rus	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	19		
رى ق	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19		
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	17		
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	1080		
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		4,477,269.	4,335,678.		
en		Program service revenue (Part VIII, line 2g)		29,741.	59,530.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,333.	13,243.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,324.	40,100.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,562,667.	4,448,551.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,281,764.	1,960,027.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,164,309.	1,198,906.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 447, 2		0.	0.		
ă	b			1 110 501	006 005		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,449,524.	936,895.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,895,597.	4,095,828.		
. "	19	Revenue less expenses. Subtract line 18 from line 12		667,070.	352,723.		
SOF			Ве	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		4,974,332.	5,526,975.		
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)		240,170.	416,852.		
	22	Net assets or fund balances. Subtract line 21 from line 20		4,734,162.	5,110,123.		
	art II	Signature Block			. Imperior and halfaf it is		
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and bellet, it is		
uue	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	lias any knowledge.			
e:		Signature of officer		I Date			
Sig		NORA CARPENTER, PRESIDENT & CEO					
He	re	Type or print name and title					
Print/Type preparer's name Preparer's signature Date Check PTIN							
Pai	d	MARGARET FLOWERS MARGARET FLOWERS	8/23/22 of self-employe				
	parer	Firm's name HARRIS & CO., PLLC	<u> </u>	Firm's FIN	26-4022510		
	Only	Firm's address 1120 S. RACKHAM WAY, SUITE 100		o Env	 		
MERIDIAN, ID 83642 Phone no. (208) 333-8965							
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1 (=	X Yes No		

Pai	rt 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:
•	UNITED WAY IMPROVES OUR NEIGHBORS LIVES BY MOBILIZING THE CARING POWER
	OF THE TREASURE VALLEY TO ADVANCE THE COMMON GOOD.
	<u> </u>
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 454,821. including grants of \$ 308,099.) (Revenue \$ 99,630.)
	COMMUNITY IMPACT INITIATIVES - WE IMPROVE HUMAN SUCCESS BY COLLECTING,
	ANALYZING, AND LEVERAGING COMPREHENSIVE COMMUNITY LEVEL DATA TO SET THE
	COURSE FOR LONG-LASTING CHANGE. OUR TRIENNIAL COMMUNITY ASSESSMENT IS
	NOW THE PRIMARY DATA SET USED BY MAJOR TREASURE VALLEY HEALTH SYSTEMS,
	SCHOOL DISTRICTS, AND NONPROFITS TO INFORM AND GUIDE THEIR WORK. THIS
	DATA DRIVES THE DESIGN AND IMPLEMENTATION OF UNITED WAY'S 21ST CENTURY
	SOLUTIONS AIMED AT REDUCING POVERTY, WITH AN EMPHASIS ON CHILDREN.
	UNITED WAY'S COMMUNITY IMPACT INITIATIVES FOCUS ON THE CREATION AND
	SUPPORT OF POLICIES, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT IMPROVE
	THE QUALITY OF LIFE FOR ALL TREASURE VALLEY RESIDENTS BY REMOVING
	BARRIERS AND PROVIDING OPPORTUNITIES FOR SUCCESS. TO LEARN MORE VISIT
	HTTPS://WWW.UNITEDWAYTV.ORG/OUR-PROJECTS.
4b	(Code:) (Expenses \$ 516,486 • including grants of \$ 60,683 •) (Revenue \$
	COMMUNITY ENGAGEMENT AND VOLUNTEERISM - SERVING AS THE COMMUNITY
	CONVENER, UNITED WAY'S COMMUNITY ENGAGEMENT WORK BRINGS PEOPLE FROM
	MAJOR CORPORATIONS, BANKS, HOSPITALS, SMALL BUSINESSES, FAITH
	ORGANIZATIONS, CIVIC GROUPS, NONPROFITS, SCHOOLS, GOVERNMENTS, AS WELL
	AS INDIVIDUALS OF ALL TYPES TOGETHER. THROUGH EQUITABLE VOLUNTEER-BASED
	PARTNERSHIPS, WE LIFT UP CHILDREN AND FAMILIES IN THE TREASURE VALLEY.
	ONE WAY WE WIN THROUGH COMMUNITY ENGAGEMENT IS BY SUPPORTING OUR 4,500
	HOMELESS STUDENTS. TOGETHER, ENGAGED COMMUNITY MEMBERS WORK
	SIDE-BY-SIDE TO ENSURE HOMELESS AND LOW-INCOME CHILDREN RECEIVE BASIC
	NEEDS ITEMS THAT COMBAT HUNGER AND IMPROVE HYGIENE AND HEALTH, WHICH
	INCREASES SCHOOL ATTENDANCE, LEADING TO GRADUATION AND POST-SECONDARY
	EDUCATION. TO LEARN MORE VISIT HTTPS://WWW.UNITEDWAYTV.ORG/WHAT-WE-DO.
4c	(Code:) (Expenses \$ 1,488,624 • including grants of \$ 1,195,747 •) (Revenue \$)
	COMMUNITY INVESTMENTS - POWERED BY COMMUNITY DONATIONS AND DRIVEN BY
	COMMUNITY ASSESSMENT DATA. GRANTS TO ALIGNED, TRUSTED, LOCAL COMMUNITY
	PARTNERS' PROGRAMS IMPROVE THE QUALITY OF LIFE FOR THOUSANDS OF
	RESIDENTS BY PROVIDING OPPORTUNITIES FOR SUCCESS. THESE GRANTS ENSURE
	CHILDREN SUCCEED BY ENTERING SCHOOL READY TO LEARN AND PROVIDE SUPPORT
	TO STUDENTS INSIDE AND OUTSIDE OF SCHOOL HOURS. THEY HELP CREATE AND
	SUSTAIN HEALTHY HABITS, PROVIDE ACCESS TO PREVENTATIVE MEDICAL, DENTAL
	AND BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME INDIVIDUALS AND FAMILIES.
	THEY PROVIDE JOB TRAINING, LEADING TO LIVABLE-WAGE JOBS, ASSET
	DEVELOPMENT, AND FINANCIAL LITERACY. THEY ALSO HELP LOW-INCOME FAMILIES
	OBTAIN AFFORDABLE, PERMANENT HOUSING AND MUCH MORE. TO LEARN MORE VISIT
	HTTPS://WWW.UNITEDWAYTV.ORG/COMMUNITY-INVESTMENTS. WE ALSO HONOR DONOR
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 841,580 • including grants of \$ 395,498 •) (Revenue \$)
4e	Total program service expenses ► 3,301,511.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
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 Rev. Proc. 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		Х
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		х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
С	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	Х	
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	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	17		 ^``
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			7.7
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

UNITED WAY OF TREASURE VALLEY, INC.

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

					Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0						
	filed for the calendar year ending with or within the year covered by this return	2a	17		37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3				v			
				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	a 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)?								
L	If "Yes," enter the name of the foreign country	accoul	π,	4a		X			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	to (EBAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
-	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired						
	to file Form 8282?			7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9						
_				8					
9	Sponsoring organizations maintaining donor advised funds.								
a				9a					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
	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)	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.								
а	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							
С	Enter the amount of reserves on hand	13c				37			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		v			
	excess parachute payment(s) during the year?			15		X			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t inac	mo?	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Ves." complete Form 4720. Schedule O	it if ICOI	IIC!	16		- 23			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv							
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
	·								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARK NATL DIRECTOR OF FINANCE - 208-336-1070			
	MARK NAIL, DIRECTOR OF FINANCE - 208-336-1070			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	l	111126		C)	прсі	iioai	(D)	(E)	(F)		
Name and title	Average	Position			Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)			box, unless person is both an		compensation	compensation	amount of			
	week (list any	_					Ĺ	from the	from related organizations	other compensation		
	hours for	direc.				pa		organization	(W-2/1099-MISC/	from the		
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	ınal tr		loyee	o mp		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) NORA CARPENTER	40.00	드	드	6	3	王忠	윤					
PRESIDENT/CEO				х				106,620.	0.	28,233.		
(2) MARK NAIL	40.00							,		-		
DIRECTOR OF FINANCE				х				90,972.	0.	13,609.		
(3) ERICKA RUPP	3.00											
BOARD CHAIR		Х		х				0.	0.	0.		
(4) JOSH T. BISHOP	3.00											
BOARD VICE CHAIR		Х		Х				0.	0.	0.		
(5) WES JOST	3.00											
TREASURER		Х		Х				0.	0.	0.		
(6) BETH TOAL	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(7) DARRON PAGE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) DEBRA LEITHAUSER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) GARY SMITH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) JENNY DOWNING	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) JILL TWEDT	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) JOHN COLGROVE	1.00							_	_	_		
BOARD MEMBER		Х						0.	0.	0.		
(13) KELLI BADESHEIM	2.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(14) LINDA PAYNE SMITH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) LORRIE ASKER	1.00											
BOARD MEMBER	0 00	Х						0.	0.	0.		
(16) MINDI MCALLASTER	2.00									_		
BOARD MEMBER	0 00	Х			<u> </u>			0.	0.	0.		
(17) MITCH COLBURN	2.00								_	•		
BOARD MEMBER		Х						0.	0.	0.		

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)					
(A)										(F)				
Name and title	Average	(do		Pos heck		ነ than	one	Reportable	Reportable		Es	ed		
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation		ar	nount	of	
	week	<u> </u>	Cer ar	lu a u	irecu	or/trus	iee)	from	from relate		1	other		
	(list any hours for	recto						the	organizations			ipensa 		
	related	or di	8			ated		organization	(W-2/1099-MIS	I		rom the		
	organizations	ustee	trust		يو	nedu		(W-2/1099-MISC/	1099-NEC)	organizat and relat				
	below	ual tr	ional		ploye	tcon		1099-NEC)				u reiati anizati		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ainzan	0113	
(18) RYAN BAILEY	1.00	드	드	ō	ᇂ	王占	굔			-	\vdash			
	1.00	X						0.		0.	1		0.	
BOARD MEMBER	1.00	Δ				\vdash	-	0.		0.			0.	
(19) SHIRLEY O'NEIL	1.00	Ψ,								_	1		^	
BOARD MEMBER	1 00	Х				-	_	0.		0.	<u> </u>		0.	
(20) SUSAN HALL	1.00	٠,									1		^	
BOARD MEMBER	0.00	Х						0.		0.	<u> </u>		0.	
(21) TOM VAN HEMELRYCK	2.00	١									1		_	
BOARD MEMBER	1	Х						0.		0.	<u> </u>		0.	
(22) WESTON ARNELL	1.00										1		_	
BOARD MEMBER		Х						0.		0.	<u> </u>		0.	
(23) WYATT SCHROEDER	1.00							_			1			
BOARD MEMBER		Х						0.		0.	<u> </u>		0.	
											1			
		1									1			
		1									1			
1b Subtotal	•						<u> </u>	197,592.		0.	4	1,8	42.	
c Total from continuation sheets to Part V								0.		0.			0.	
d Total (add lines 1b and 1c)								197,592.		0.	4	1,8		
Total number of individuals (including but r							ho r	·	000 of reportable	-				
compensation from the organization	iot iiiriitod to ti	1000	· iiot	ou u	DO 1	C) W	101		,,ooo or reportable	•			1	
compensation from the organization												Yes	No	
3 Did the organization list any former officer.	director trust	ا مم	(OV)	amn	love	<u> </u>	r hic	sheet compensated emr	Novee on	ľ				
line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		х	
4 For any individual listed on line 1a, is the si											3			
and related organizations greater than \$15	•							•	•				Х	
											4		21	
5 Did any person listed on line 1a receive or	•				•			· ·			_		Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	e J i	or s	ucn	pers	son					5		Λ	
<u> </u>									*					
1 Complete this table for your five highest co										pens	ation	irom		
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithir		year.					
(A) Name and business	addross	NT/	~ ****					(B) Description of s	onvices	C		C) nsatio	n	
Name and business	address	1//	INC				\dashv	Description of s	ei vices		ompe		111	
							_							
							_							
Total number of independent contractors (\$100,000 of compensation from the organic	-	ot li	mite	d to	tho	se li 0	stec	d above) who received n	nore than					
, ,										_				

82-0299013 UNITED WAY OF TREASURE VALLEY, INC. Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,335,678 similar amounts not included above 1f 225,884 1g \$ g Noncash contributions included in lines 1a-1f 4,335,678. h Total. Add lines 1a-1f ... **Business Code** 59,530. 611710 59,530. 2 a FEES Program Service Revenue b f All other program service revenue 59,530. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 9,186. 9,186. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 25,714. assets other than inventory **b** Less: cost or other basis Other Revenue 21,657 7b and sales expenses 4,057. c Gain or (loss) _____ 7c 4,057. 4,057. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 40,100. 40,100. 11 a OTHER 900099 b d All other revenue 40,100.

4,448,551.

99,630.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

	Charle if Schodula Chartains a reason				
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1,960,027.	1,960,027.		
_	· · · · · · · · · · · · · · · · · · ·	1,000,027.	1,500,027.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	246 007	121 560	47 000	CO 255
	trustees, and key employees	246,997.	131,562.	47,080.	68,355.
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	705,598.	376,157.	134,431.	195,010.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,353.	27,235.	9,813.	14,305.
9	Other employee benefits	129,317.	68,587.	24,708.	36,022.
10	Payroll taxes	65,641.	34,965.	12,481.	18,195.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				_
	Lobbying				_
	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 Sch O.)	373,146.	324,948.	47,720.	478.
12	Advertising and promotion	59,960.	27,968.	9,818.	478. 22,174.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	72,504.	38,549.	13,815.	20,140.
17	Travel	10,294.	2,515.	3,854.	3,925.
18	Payments of travel or entertainment expenses	-	-	-	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	66,261.	34,375.	12,110.	19,776.
22	Depreciation, depletion, and amortization	1,253.	669.	238.	346.
23	Insurance	8,903.	4,736.	1,695.	2,472.
24	Other expenses. Itemize expenses not covered		,	,	,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND COMMUNITY INVES	225,884.	217,334.		8,550.
a h	TECHNOLOGY/EQUIPMENT	77,490.	46,077.	12,718.	18,695.
D	OTHER OPERATING COSTS	41,200.	5,807.	16,582.	18,811.
d		,200	3,007.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,095,828.	3,301,511.	347,063.	447,254.
25	Joint costs. Complete this line only if the organization	±,000,040•	J, JUI, JII.	3=1,003•	441,4J4•
26	reported in column (B) joint costs from a combined				
	1, 7, 1				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2004)

Form 990 (2021)
Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	571,355.	1	1,097,424.
	2	Savings and temporary cash investments	3,031,305.	2	3,048,743.
	3	Pledges and grants receivable, net	858,798.	3	852,843.
	4	Accounts receivable, net	1,484.	4	1,035.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	3,130.	9	18,341.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 171,156.			
	b	Less: accumulated depreciation 10b 171,156.	1,253.	10c	0.
	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	507,007.	13	508,589.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,974,332.	16	5,526,975.
	17	Accounts payable and accrued expenses	240,170.	17	253,241.
	18	Grants payable		18	1.50.511
	19	Deferred revenue		19	163,611.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia B		controlled entity or family member of any of these persons		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	240 170	25	416,852.
	26	Total liabilities. Add lines 17 through 25	240,170.	26	410,832.
Se		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	3,450,787.	07	3,916,234.
Sala	27	Net assets without donor restrictions	1,283,375.	27	1,193,889.
βE	28	Net assets with donor restrictions	1,203,373.	28	1,193,009.
Ξ		Organizations that do not follow FASB ASC 958, check here			
ō	00	and complete lines 29 through 33.		00	
ets	29	Capital stock or trust principal, or current funds		29	
1SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	4,734,162.	31 32	5,110,123.
Z	32	Total licibilities and not seests (fund belonges	4,974,332.		5,526,975.
	33	Total liabilities and net assets/fund balances	4,314,334.	33	3,340,313.

Form **990** (2021)

	990 (2021) UNITED WAY OF TREASURE VALLEY, INC.	82-029	9013	Pa	ge 12
Pa	rt 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	4,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,09		
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,73		
5	Net unrealized gains (losses) on investments	5	2	3,2	38.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,11	0,1	23.
Pa	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	J	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF TREASURE VALLEY, 82-0299013 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3881648.	3974195.	4013194.	4477269.	4335678.	20681984.
2	Tax revenues levied for the organ-						
	ization'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	2224642	2054405	1010101	4455060	4005650	000000
4	Total. Add lines 1 through 3	3881648.	3974195.	4013194.	4477269.	4335678.	20681984.
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,						F056540
	column (f)						5056742.
	Public support. Subtract line 5 from line 4.						15625242.
	ction B. Total Support	4 > 00.4=		() 0040	(, , , , , , ,	() 0004	l
	ndar year (or fiscal year beginning in)	(a) 2017 3881648.	(b) 2018 3974195.	(c) 2019 4013194.	(d) 2020 4477269.	(e) 2021	(f) Total 20681984.
	Amounts from line 4	3001040.	39/4193.	4013194.	44//209•	4333070.	20001904.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	12,859.	19,639.	30,785.	22,333.	9,186.	94,802.
•	and income from similar sources	12,039.	19,039.	30,703.	22,333.	9,100.	94,002.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	59.461.	172,135.	63,982.	33,324.	40.100.	369,002.
11	Total support. Add lines 7 through 10	02,102		00,000	33,322		21145788.
	Gross receipts from related activities	etc. (see instructi	ons)			12	196,306.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop				-		
Sec	ction C. Computation of Publ						············· • ——
	Public support percentage for 2021 (column (f))		14	73.89 %
	Public support percentage from 2020					15	71.30 %
	33 1/3% support test - 2021. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	ıs ▶□

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

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

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
formed, 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-						
in						
					+	
4 Tax revenues levied for the organ-						
ization'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	1					
3 received from disqualified person	s					
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	, (Section 2)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			_
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	nc)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 UNITED WAY OF TREASURE	VALLE	EY, INC.	82-0299013 Page 6
Pai		ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

5

6

Under the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

4 Enter greater of line 2 or line 3. Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

nedule A (Form 990) 2021			TREASURE				2-0299013	Page 7
rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
tion D - Distributions						Current Ye	ar	
Amounts paid to suppo	orted organizations to acc	omplish exe	mpt purposes			1		
Amounts paid to perfor	m activity that directly fur	rthers exemp	ot purposes of supp	oorted				
organizations, in exces	s of income from activity					2		
Administrative expense	es paid to accomplish exe	mpt purpose	es of supported org	janizations		3		
				•	•			

	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

<u></u>	Ellie o amount divided by line 3 amount	<i>(</i> :)	(::)	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	OULE	Α,	PART	II,	LINE	10,	EXPLANA	TION	FOR	OTHER	INCOME:
MISC	REVE	ENUE	1								
2017	AMOU	JNT:	\$	59,	461.						
2018	AMOU	JNT:	\$	172	,135.						
2019	AMOU	JNT:	\$	63,	982.						
2020	AMOU	JNT:	\$	33,	324.						
2021	AMOU	JNT:	\$	40,	100.						

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF TREASURE VALLEY, INC. 82-0299013

Organization type (check one):

G. Garaction. G. F. Conson on S.								
Filers of:	Section:							
Form 990 or 990-E	501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	anization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contribut literary, c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, cor is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

UNITED WAY OF TREASURE VALLEY, INC.

82-0299013

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$ ₋	190,507.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	154,443.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	- Traine, address, and En 1 1	\$_	244,411.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
	Name, address, and ZIP + 4	\$ ₋	Total contributions 111,310.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	491,828.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	Turney addition 1 1	\$_	154,157.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF TREASURE VALLEY, INC.

82-0299013

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ 115,886.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	railie, audi 655, aliu ZIF + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF TREASURE VALLEY, INC.

82-0299013

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number 82-0299013 UNITED WAY OF TREASURE VALLEY, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number 82-0299013

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of 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 advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d				
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abo	ve 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 conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	f public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	de
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		_	¢

			NAY OF TREA				299013		age 2			
Par	t III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	ner Similar Ass	e ts (contin	ued)				
3	Using	g the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant use of it	S					
	collec	ction items (check all that apply):										
а		Public exhibition	d	Loan or exc	hange program							
b	b Scholarly research e Other											
С												
4	Provi	de a description of the organization's co	llections and explain	how they further the	he organization's ex	empt purpose in Pa	rt XIII.					
5		g the year, did the organization solicit or										
	to be	sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?		Yes		No			
Par	t IV	Escrow and Custodial Arrang					, line 9, or					
		reported an amount on Form 990, Par		· ·		·						
1a	Is the	e organization an agent, trustee, custodia	an or other intermedi	iary for contribution	s or other assets n	ot included						
	on Fo	orm 990, Part X?		•			Yes		No			
b		es," explain the arrangement in Part XIII a										
		, ,	·	3			Amount					
С	Beair	nning balance				1c						
d		tions during the year										
e		butions during the year										
f		ng balance				1f						
2a		ne organization include an amount on Fo					Yes		No			
		es," explain the arrangement in Part XIII.				•			1			
Par		Endowment Funds. Complete if										
		'	(a) Current year	(b) Prior year		(d) Three years back	(e) Four	years	back			
1a	Begin	nning of year balance	507,007.	342,943.	385,953	252,625		223,	301.			
b		ributions		4,615.	,	'	_		885.			
c		nvestment earnings, gains, and losses	30,343.	174,342.	· · · · · · · · · · · · · · · · · · ·				032,			
d		ts or scholarships	25,714.	12,215.	,	10,029			309.			
е		r expenditures for facilities	,	,		<u> </u>						
•		programs										
f		nistrative expenses	3,047.	2,678.	-2,599	1,427		1	283.			
g		of year balance	508,589.	507,007.	342,943	· · · · · · · · · · · · · · · · · · ·	+	252,				
2		de the estimated percentage of the curr		•	,		<u> </u>	,				
_ a		d designated or quasi-endowment	one your one balance	%	ij) Hold do.							
h		anent endowment	%									
c												
•		percentages on lines 2a, 2b, and 2c shou										
За		here endowment funds not in the posses		tion that are held a	nd administered for	the organization						
ou	by:	nore endowment failed flot in the people	Joiott of the organiza	ation that are note a	na aaniinistorea foi	the organization	Г	Yes	No			
	-	Inrelated organizations					3a(i)	х				
		Related organizations					·· 		Х			
h	If "Vo	es" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R2			3b					
4		ribe in Part XIII the intended uses of the					[30]					
	t VI	Land, Buildings, and Equipm		willett fulfus.								
. ui	. 71	Complete if the organization answered		. Part IV. line 11a .9	See Form 990 Part	X. line 10.						
		Description of property	(a) Cost or ot	1	i	Accumulated	(d) Book	valu				
		pescription or property	basis (investm	` '	, , ,	epreciation	(u) DOOK	value	5			
10	Land		- '		(5.1.51)	5,700,000						
	Ruildi	ings										

Schedule D (Form 990) 2021

171,156.

171,156.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990	2021 (

Schedule D	(Form 990) 2021	ONTIED WA	I OF	TVERSOVE	vannei,	TIVC.	02-0299013	Page
Part VII	Investments -	Other Securities.						

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		•
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ENDOWMENT FUNDS INVESTED		
(2) BY THIRD-PARTY ENTITIES	508,589.	END-OF-YEAR MARKET VALUE
(3)		
(4)		<u> </u>

(4) (5) (6) (7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 508,589.

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

540,837.

4,095,828.

540,837.

4c

		,				
Part XI	Recond	ciliation of Revenue	per Audited	Financial Stat	tements With F	Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,141,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	23,238.		
b	Donated services and use of facilities	2b	210,872.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	234,110.
3	Subtract line 2e from line 1			3	3,907,714.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	540,837.		
	Add lines 4a and 4b			4c	540,837.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,448,551.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,765,863.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	210,872.		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	210,872.
3	Subtract line 2e from line 1			3	3,554,991.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990. Part VIII, line 7b	4a			

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE

FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE

LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING

REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS

IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2022 OR 2021.

THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE

ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL
REVENUE SERVICE FOR YEARS BEFORE 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVERSAL OF GRANT EXPENSES NETTED WITH REVENUE

540,837.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVERSAL OF GRANT EXPENSES NETTED WITH REVENUE

540,837.

PART V LINE 4

UNITED WAY OF TREASURE VALLEY ENDOWMENT ASSETS INCLUDE BOARD DESIGNATED

FUNDS THE ORGANIZATION HAS GIVEN TO THE IDAHO COMMUNITY FUND TO HOLD AND

MANAGE. UNDER THE ORGANIZATION'S INVESTMENT POLICY, ENDOWMENT ASSETS ARE

INVESTED IN A MANNER THAT IS INTENDED TO PRESERVE CAPITAL, GENERATE INCOME

FOR DISTRIBUTION TO THE UNITED WAY OF TREASURE VALLEY, AS WELL AS FOR

GROWTH AND TO GENERATE CAPITAL APPRECIATION. ON AN ANNUAL BASIS, THE BOARD

OF DIRECTORS FOR THE IDAHO COMMUNITY FUND DETERMINES AN APPROPRIATE

PERCENTAGE OF THE FAIR MARKET VALUE OF THE FUND TO BE DISTRIBUTED TO THE

ORGANIZATION FOR CHARITABLE PURPOSES.

PART XI, LINE 4B

DONOR DESIGNATED AND PASS THROUGH CONTRIBUTIONS OF \$514,264 NET TO ZERO ON

THE TOTAL REVENUE LINE OF THE FINANCIAL STATEMENTS BUT FOR 990 REPORTING

REQUIREMENTS ARE GROSSED UP ON BOTH THE REVENUE AND EXPENSE SECTIONS OF

THE 990.

Schedule D (Form Part XIII Sup	990) 2021 plemental Ir				TREAS	URE VALI	ΈΥ,	INC	•	82-02	99013	Page 5
PART XII,												
DONOR DES	IGNATED	AND PASS	THRC	UGH	CONTR	IBUTIONS	OF	\$514	1,264	NET I	O ZER	O ON
THE TOTAL	REVENUE	LINE OF	THE	FINA	NCIAL	STATEME	ENTS	BUT	FOR	990 RE	PORTI	NG
REQUIREME	NTS ARE	GROSSED	UP ON	I BOI	H THE	REVENUE	E ANI) EXI	PENSE	SECTI	ONS O	F
THE 990.												

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number 82-0299013

Part I General Information on Grants a	nd Assistance		,			I.	
Does the organization maintain records:	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	tion
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF							SUPPORTS SOME OF THE PROFESSIONAL ADVISORY
SOUTHWEST - YOUTH MENTORING - 110							STAFF WHO OVERSEE EACH
N. 27TH ST BOISE, ID 83702	82-0349401	501(C)(3)	33,900.	0.			MATCH
1711 21. 20122, 12 00701	02 0013101						FUNDS ARE USED TO HIRE
BOYS & GIRLS CLUB OF NAMPA, INC							PERSONNEL WHO WORK WITH
YOUTH DEVELOPMENT - 316 STAMPEDE							THE YOUTH, PURCHASE
DRIVE - NAMPA, ID 83687	82-0504332	501(C)(3)	40,400.	0.			SUPPLIES AND EQUIPMENT.
·							SUPPORTS THE COST FOR THE
BOYS & GIRLS CLUBS OF ADA COUNTY -							STAFF, THE FACILITIES AND
YOUTH DEVELOPMENT - 610 E 42ND ST							THE PROGRAM SUPPLIES
- GARDEN CITY, ID 83714	82-0481687	501(C)(3)	57,900.	0.			NEEDED TO IMPLEMENT OUR
CHARITABLE ASSISTANCE TO							FUNDING SUPPORTS
COMMUNITY'S HOMELESS (CATCH) -							EQUIPMENT, SUPPLIES AND
CATCH OF ADA & CANY - 503 S							CASE MANAGEMENT AND
AMERICANA BLVD BOISE, ID 83702	27-3483457	501(C)(3)	55,000.	0.			RESOURCE STAFF NEEDED FOR
CHILDREN'S HOME SOCIETY OF IDAHO,							
COMMUNITY SUPPORT PROGRAM FOR							
CHILDREN'S - 740 E WARM SPRINGS							MENTAL HEALH COUNSELING
AVE - BOISE, ID 83712	82-0201128	501(C)(3)	16,000.	0.			SCHOLARSHIPS
GOGGA HOUNDARTON ING							
COSSA FOUNDATION, INC. 109 PENNY LANE							COORDINATOR / SUPPLIES /
WILDER, ID 83676	82-0299347	501 (C) (3)	8,500.	0.			SHELVING
2 Enter total number of section 501(c)(3) a		1	,	-			l
3 Enter total number of other organization:	s iisteu iii tiie iiile	1 table					F

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CREATE COMMON GOOD - COMMUNITY							PROVIDING NUTRITIOUS	
FEEDING PROGRAM - 2513 S. FEDERAL							SNACKS TO KIDS IN CANTON	
WAY - BOISE, ID 83705	93-1277434	501(C)(3)	7,500.	0.			COUNTY	
EMMETT SCHOOL DISTRICT - KENNETH								
CARBERRY COMMUNITY SCHOOL - 1950				_			EXPO / FOOD PANTRY /	
EAST 12TH ST - EMMETT, ID 83617	82-6001228	501(C)(3)	8,500.	0.			SUPPLIES	
FACES ADVOCACY CENTER AND								
EDUCATION SERVICES (FACES) -								
CRISIS INTERVENTION - 417 S 6TH	00 4003530	F01/G1/31	16.000				PART-TIME CRISIS	
STREET - BOISE, ID 83702	20-4883532	501(C)(3)	16,000.	0.			COUNSELOR	
FAMILY ADVOCATE PROGRAM, INC - FAMILY STREGTHENING - ADULT GROUP								
- 3010 W. STATE ST., STE 104 -								
BOISE, ID 83703	82-0344205	501/01/31	11,000.	0.			SALARY/OVERHEAD EXPENSES	
GENESIS COMMUNITY HEALTH -	02 0344203	501(0)(5)	11,000.	0.			DALIAKI / OVERHEAD EXTENSES	
ACCESSIBLE DENTAL CARE IN THE								
TREASURE VALLEY - 215 W. 35TH ST -								
GARDEN CITY, ID 83714	82-0505073	501(C)(3)	22,000.	0.			SALARY/OVERHEAD EXPENSES	
			, -	-				
GIRAFFE LAUGH CHILD CARE CENTER -							FUNDING SUPPORTS	
SCHOLARSHIPS FOR CHILDREN - 1617 N							SCHOLARSHIPS FOR INCOME	
24TH STREET - BOISE, ID 83702	82-0481812	501(C)(3)	35,900.	0.			ELIGIBLE FAMILIES.	
GIRAFFE LAUGH - SCHOOL AGE PROGRAM								
1617 N 24TH STREET							SCHOLARSHIPS FOR SCHOOL	
BOISE, ID 83702	82-0481812	501(C)(3)	7,800.	0.			AGE CHILDREN	
GRAFFE LAUGH - PRESCHOOL THE IDAHO								
WAY IN GARDEN CITY - 1617 N 24TH				_			SCHOLARSHIPS FOR SCHOOL	
STREET - BOISE, ID 83702	82-0481812	501(C)(3)	11,000.	0.			AGE CHILDREN	
IDAHO FOODBANK -SCHOOL PANTRY								
3562 SOUTH TK AVENUE								
BOISE, ID 83705	82-0425400	501 (C) (3)	7,500.	0.			SALARY/SUPPORT	
	1 32 3123400	F-1(0/(0/	1,300.	٠.	l	ı	Cohodula I (Forms 000)	

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	_ c rage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							HELP FUND GENERAL
IDAHO YOUTH RANCH - HAYS SHELTER							OPERATING EXPENSES SUCH
HOME - 5465 W. IRVING ST, BLDG 2 -				_			AS BASIC SHELTER NEEDS,
BOISE, ID 83706	82-0253346	501(C)(3)	25,000.	0.			FOOD, CLOTHING, SUPPLIES
INTERNATIONAL RESCUE COMMITTEE -							
SPARK - 7291 W FRANKLIN RD -							
BOISE, ID 83709	13-5660870	501(C)(3)	13,000.	0.			SALARY CURRENT STAFF
JANNUS - ECONOMIC OPPORTUNITY							
1607 W. JEFFERSON ST							SALARY & OVERHEAD
BOISE, ID 83702	81-6035382	501(C)(3)	17,450.	0.			EXPENSES
							SUPPOT STAFF TO RECRUIT,
JANNUS - IDAHO SUICIDE PREVENTION							TRAING & SUPERVISE PHONE
HOTLINE - 1607 W. JEFFERSON ST -							ROOM VOLUNTEERS &
BOISE, ID 83702	81-6035382	501(C)(3)	42,000.	0.			OUTREACH EFFORTS
JANNUS - IDAHO VOICES FOR CHILDREN							
							GALARY C OVERHEAR
1607 W. JEFFERSON ST	81-6035382	E01/G)/3)	10 000				SALARY & OVERHEAD EXPENSES
BOISE, ID 83702 JESSE TREE - EXTENDED EMERGENCY	01-0035302	501(C)(3)	10,000.	0.			EXPENSES
RENTAL & MERCY ASSISTANCE PROGRAM							
- 1121 W MILLER ST - BOISE, ID 83702	82-0534777	501(C)(3)	21,700.	0.			ADDT'L CASE WORKER
03702	02 0334777	501(0)(3)	21,700.	· · · · · · · · · · · · · · · · · · ·			ADDI E CADE WORKER
KUNA SCHOOL DISTRICT - COMMUNITY							
SCHOOL RESOURCE - 711 E PORTER -							COMMUNITY SCHOOL
KUNA, ID 83634	82-6001275	501(C)(3)	6,300.	0.			COORDINATOR
LEARNING LAB - PRESCHOOLERS &			, .	-			FUNDING WILL DIRECTLY
PARENTS AS PARTNERS FAMILY							SUPPORT TEACHERS' AND
LITERACY - 308 E 36TH ST - GARDEN							PROGRAM COORDINATORS'
CITY, ID 83714	82-0461933	501(C)(3)	22,500.	0.			SALARIES AS WELL AS
, ==			==,=,=,=,				FUNDS CLASSROON SUPPLIES,
LEARNING LAB - LITERACY FOR ALL							STUDENT BOOKS AND
308 E 36TH ST							SUPPLEMENTARY MATERIALS,
GARDEN CITY, ID 83714	82-0461933	501(C)(3)	20,000.	0.			EDUCATIONAL SOFTWARE AND
	· - · · ·	1			l .	1	2

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) 2.11	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LIFE'S KITCHEN - WORKFORCE							
DEVELOPMENT - 1025 S CAPITAL BLVD							SUSTAIN CURRENT LEVEL OF
- BOISE, ID 83706	80-0008918	501(C)(3)	10,000.	0.			SERVICE
MARSING SCHOOL DISTRICT, COMMUNITY							GENERAL OPERATION OF
SCHOOL - 205 8TH AVE WEST -	92 6000955	E01/G)/3)	22 500	0			COMMUNITY SCHOOL RESOURCE
MARSING, ID 83639	82-6000855	501(C)(3)	22,500.	0.			CENTER
NAMPA SCHOOL DISTRICT - COMMUNITY							
RESOURCE CENTERS - 619 S CANYON ST							SUSTAIN CURRENT LEVEL OF
- NAMPA, ID 83686	82-6000727	501(C)(3)	10,000.	0.			SERVICE
NOTUS SCHOOL DISTRICT, COMMUNITY							
SCHOOL - 25257 NOTUS ROAD - NOTUS							SALARY SUPPORT FOR
ID 83607	82-6002944	501(C)(3)	9,400.	0.			COORDINATOR
12 00007	02 0002311	301(0)(0)	3,100.				
SALVATION ARMY - BOISE - BOOTH							
PROGRAM - 9492 W EMERALD ST -							
BOISE, ID 83703	94-1156347	501(C)(3)	11,400.	0.			CAPACITY BUILDING
SALVATION ARMY- BOISE - COMMUNITY							
FAMILY SHELTER - 9492 W EMERALD ST	04 4456045	504 (5) (2)	45.000	•			GENERAL OPERATING
- BOISE, ID 83703	94-1156347	501(C)(3)	15,000.	0.			EXPENSES OF THE PROGRAM
SOUTHWEST IDAHO RESOURCE							
CONVERSATION & DEV - PATHWAYS							
COMMUNITY CRISIS CEN - 1115 ALBANY	82-0476738	501(C)(3)	9,000.	0.			TRANCRODUATION VOLICUERS
STREET - CALDWELL, ID 83605	02-04/0/30	501(C)(3)	9,000.	0.			TRANSPORTATION VOUCHERS
TERRY REILLY HEALTH SERVICES-							
SCHOOL BASED CLINIC - 211 16TH							SUSTAINING CURRENT LEVEL
AVE. N NAMPA, ID 83653	82-0300537	501(C)(3)	22,550.	0.			OF SERVICE
TERRY REILLY HEALTH SERVICES -			,			1	
DIABETIC CARE & NUTRITIONAL							
EDUCATION - 211 16TH AVE. N							.4 FTE REGISTERED
NAMPA, ID 83653	82-0300537	L	20,000.	0.	l	1	DIETITIAN

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa I	ırt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIRD DISTRICT GUARDIAN AD LITEM							
304 N KIMBALL AVE							
CALDWELL, ID 83605	82-1368126	501(C)(3)	9,000.	0.			CAPACITY BUILDING
THIRD DISTRICT GUARDIAN AD LITEM -							
ADVOCATE COORINDATOR - 304 N							SALARY - OVERHEAD
KIMBALL AVE - CALDWELL, ID 83605	82-1368126	501(C)(3)	9,000.	0.			EXPENSES
TREASURE VALLEY FAMILY YMCA -			,				ALL UW FUNDING GOES
EARLY AND SCHOOL AGE CHILDHOOD							DIRECTLY TO PROVIDE
DEVELOPMENT - 1050 W. STATE STREET							FINANCIAL ASSISTANCE TO
- BOISE, ID 83702	82-0200908	501(C)(3)	38,500.	0.			ENROLL AND SERVE MORE
WESTERN IDAHO COMMUNITY ACTION							
PARTNERSHIP, WICAP CHILD CARE							
SCHOLARSHIP - 315 S 5TH MAIN ST							
PAYETTE, ID 83661	82-6009826	501(C)(3)	12,800.	0.			CHILD CARE SCHOLARSHIPS
							FUNDING WILL SUPPORT THE
WOMEN'S & CHILDREN'S ALLIANCE							COSTS OF MAINTAINING THE
-SAFE AND SECURE SHELTER - 720 W							SHELTER AND COUNSELING
WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	75,000.	0.			AND CHILD CARE SO THAT
WOMEN'S & CHILDREN'S ALLIANCE -							
FINANCIAL LITERACY - 720 W							SUSTAIN CURRENT LEVEL OF
WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	14,000.	0.			SERVICE
OUR PATH HOME - HOME PARTNERSHIP							
FOUNDATION - PO BOX 7899 - BOISE,							 PARTNERSHIP TO END FAMIL
ID 83707	75-3162969	501(C)(3)	40,000.	0.			 HOMELESSNESS
			,				
CENTRAL DIST HEALTH							
707 N. ARMSTRONG PLACE							WESTERN IDAHO COMMUNITY
BOISE, ID 83704		501(C)(3)	10,000.	0.			HEALTH COLLOBORATIVE
CHARITABLE ASSISTANCE TO			,				
COMMUNITY'S HOMELESS (CATCH) -							
CATCH OF ADA & CANY - 503 S							
AMERICANA BLVD BOISE, ID 83702	27-3483457	501(C)(3)	30,000.	0.			ADDITIONAL CASE WORKER

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDWELL SCHOOL DISTRICT							
502 FILLMORE ST							COMMUNITY SCHOOL STARTU
ALDWELL, ID 83605		501(C)(3)	10,000.	0.			GRANTS
MMETT SCHOOL DISTRICT							
19 N WARDWELL AVE							COMMUNITY SCHOOL STARTU
MMETT, ID 83617		501(C)(3)	10,000.	0.			GRANTS
ORSESHOE BEND SCHOOL DISTRICT							
98 SCHOOL DRIVE							COMMUNITY SCHOOL STARTU
ORSESHOE BEND, ID 83629		501(C)(3)	10,000.	0.			GRANTS
AMPA SCHOOL DISTRICT							
19 SOUTH CANYON STREET							COMMUNITY SCHOOL STARTU
MAMPA, ID 83686		501(C)(3)	10,000.	0.			GRANTS
,		002(0)(0)	20,000.	<u> </u>			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS RECORD	S TO SUBS	TANTIATE 1	THE AMOUNT	OF GRANTS AND	
ASSISTANCE GIVEN TO DOMESTIC 501(C)(3) ORG.	ANIZATIONS	S AS WELL A	S GRANTEE	
ELIGIBILITY AND THE SELECTION CRI	TERIA FOR	THE AWARI	os.		
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMEN	T:				
BOYS & GIRLS CLUBS OF ADA COUNTY	- YOUTH D	EVELOPMENT	ר		
H) PURPOSE OF GRANT OR ASSISTANC					

Part IV | Supplemental Information

FACILITIES AND THE PROGRAM SUPPLIES NEEDED TO IMPLEMENT OUR YOUTH

DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CHARITABLE ASSISTANCE TO COMMUNITY'S HOMELESS (CATCH) - CATCH OF ADA & CANY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTS EQUIPMENT, SUPPLIES

AND CASE MANAGEMENT AND RESOURCE STAFF NEEDED FOR PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO YOUTH RANCH - HAYS SHELTER HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP FUND GENERAL OPERATING EXPENSES

SUCH AS BASIC SHELTER NEEDS, FOOD, CLOTHING, SUPPLIES AND HEALTHCARE

SERVICES, AS WELL AS INDIVIDUAL ASSESSMENTS TO IDENTIFY THE ROOT CAUSES

THAT BROUGHT THE CHILD OUR PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

JANNUS - IDAHO SUICIDE PREVENTION HOTLINE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPOT STAFF TO RECRUIT, TRAING &

SUPERVISE PHONE ROOM VOLUNTEERS & OUTREACH EFFORTS INCLUDING PRINT

MATERIALS AND RADIO

NAME OF ORGANIZATION OR GOVERNMENT:

LEARNING LAB - PRESCHOOLERS & PARENTS AS PARTNERS FAMILY LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL DIRECTLY SUPPORT

TEACHERS' AND PROGRAM COORDINATORS' SALARIES AS WELL AS GENERAL PROGRAM

OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING LAB - LITERACY FOR ALL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS CLASSROON SUPPLIES, STUDENT

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization UNITED WAY OF TREASURE VALLEY, INC. Employer identification number 82-0299013

Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ► (FOOD) X 17 111,292.MARKET COST Other ► (PPE) X 1 65,614.MARKET COST Other ► (HYGIENE ITEMS) X 9 20,066.MARKET COST Where ► (GIFT CARDS) X 1 12,915.MARKET COST Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29	Par	rt I Types of Property										
applicable contributions or amounts reported on tems contribution amounts removed on tems contributed from 990, Part VIII, line 1g noncash contribution amounts from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution amounts removed from 990, Part VIII, line 1g noncash contribution from 990, Part VIIII, line 1g noncash contribution from 990, Part VIIII, line 1g noncash contribution from 9												
tems contributed Form 990, Part VIII, line 1g Art - Historical treasures Art - Fractional interests Books and publications X 8,950.MARKET COST Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Securities - Publicly traded Securities - Publicly traded Securities - Securities - Publicly traded Securities - Publicly traded Securities - Securities - Publicly traded Securities - Securities - Miscellaneous Qualified conservation contribution Historic structures Intellectual property Securities - Securities												
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Clother ▶ (FPDE			applicable			noncasn	contribution a	mount	S			
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Clother ▶ (FPDE	1	Art - Works of art										
3 Art - Fractional interests												
Books and publications												
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities · Publicly traded 10 Securities · Publicly traded 11 Securities · Partnership, LLC, or trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution · Historic structures 14 Qualified conservation contribution · Other 15 Real estate · Residential 16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FOOD) X 17 111, 292 MARKET COST 26 Other ▶ (FPE) X 1 65, 614 MARKET COST 27 Other ▶ (HYGIENE ITEMS) X 9 20,066 MARKET COST 28 Other ▶ (GIFT CARDS) X 1 12,915 MARKET COST 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29					8,950.	MARKET	COST					
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Niscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FOOD) X 17 111, 292, MARKET COST 26 Other ▶ (FPE) X 1 65, 614, MARKET COST 27 Other ▶ (HYGIENE ITEMS) X 9 20, 066, MARKET COST 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29												
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8 Intellectual property 9 Securities - Publicity traded 10 Securities - Poublicity traded 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - 14 Historic structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FOOD) X 17 111,292.MARKET COST 26 Other ▶ (FPE) X 1 65,614.MARKET COST 27 Other ▶ (HYGIENE ITEMS) X 9 20,066.MARKET COST 28 Other ▶ (GIFT CARDS) X 1 12,915.MARKET COST 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29												
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11 Securities - Partnership, LLC, or trust interests 22 Securities - Miscellaneous 33 Qualified conservation contribution - Historic structures 44 Qualified conservation contribution - Other 55 Real estate - Residential 66 Real estate - Other 67 Collectibles 79 Food inventory 70 Drugs and medical supplies 71 Taxidermy 72 Historical artifacts 73 Scientific specimens 74 Archeological artifacts 75 Other												
trust interests Securities · Miscellaneous												
12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FOOD) X 17 111, 292 MARKET COST 26 Other ▶ (PFE) X 1 65,614 MARKET COST 27 Other ▶ (HYGIENE ITEMS) X 9 20,066 MARKET COST 28 Other ▶ (GIFT CARDS) X 1 12,915 MARKET COST 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29		trust interests										
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16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 4 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FOOD) 26 Other ▶ (PPE) 27 Other ▶ (HYGIENE ITEMS) 28 Other ▶ (GIFT CARDS) 3 X 4 Dylad of the contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	14	Qualified conservation contribution - Other										
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	200	During the year did the examination receive	a by contributio	on any proporty ro	ported in Bort L lines 1 throu	igh 20 that it		res	No			
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for												
· · · · · · · · · · · · · · · · · · ·		x										
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X	b If "Yes," describe the arrangement in Part II. 21. Does the organization have a gift acceptance policy that requires the review of any popetandard contributions?											
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							······· 51		 -			
contributions?	JLU			•			32a		Х			
b If "Yes," describe in Part II.	b	***************************************										
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		•	in column (c) fo	r a type of propert	v for which column (a) is ch	ecked.						
describe in Part II.				-71 3. 6. 5001	,	,						

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number 82-0299013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VALLEY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: REQUESTS TO DESIGNATE THEIR CONTRIBUTIONS TO ANY IRS TAX-EXEMPT ORGANIZATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAMS EXPENSES \$ 841,580. INCLUDING GRANTS OF \$ 395,498. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 1A: THE GOVERNING BODY OF THE ORGANIZATION DELEGATES BROAD AUTHORITY TO ACT ON ITS BEHALF TO THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 11B: BEFORE THE FORM 990 IS FILED, A COMPLETE COPY, INCLUDING APPLICABLE SCHEDULES, IS REVIEWED AND APPROVED BY THE TREASURER AND THE FINANCE COMMITTEE, WITH A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THE EXECUTIVE COMMITTEE, IN TURN, REVIEWS AND APPROVES THE FORM AND SCHEDULES, WITH A REVIEW BY THE BOARD OF DIRECTORS. THIS REVIEW AND APPROVAL PROCESS, THROUGH THE EXECUTIVE COMMITTEE, IS COMPLETED BEFORE THE FORM 990 AND APPLICABLE SCHEDULES ARE FILED WITH THE IRS.

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

BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ANY

Schedule O (Form 990) 2021 Page **2**

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number 82-0299013

POTENTIAL CONFLICTS OF INTEREST. ALL FORMS THAT HAVE A POTENTIAL CONFLICT

ARE GIVEN TO THE PRESIDENT/CEO TO REVIEW. IF THEY ARE STILL DEEMED TO BE A

POTENTIAL CONFLICT, THE BOARD CHAIR IS GIVEN THE FORMS TO REVIEW AND MAKE A
RULING.

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

THE FINANCE COMMITTEE IS TASKED WITH REVIEWING THE PRESIDENT/CEO AND KEY

EMPLOYEE COMPENSATION RESEARCH PROVIDED BY THE HUMAN RESOURCE CHAIR.

EXAMPLES OF RESEARCH INCLUDE REGIONAL DATA, UNITED WAY SPECIFIC DATA, AS

WELL AS OTHER PROFESSIONAL DATA (ROBERT HALF/OFFICE TEAM, UNITED WAY

WORLDWIDE SURVEYS, IDAHO NONPROFIT CENTER). THE PRESIDENT/CEO'S AND KEY

EMPLOYEES' ANNUAL PERFORMANCE REVIEWS AND THE ORGANIZATION'S BUDGETED

COMPENSATION AND BENEFIT PLANS ARE ALSO PART OF THE RESEARCH PROVIDED FOR

REVIEW. SALARY LEVELS ARE DETERMINED, WITH JUSTIFICATION FOR THE SETTING

DOCUMENTED, AND RECOMMENDED TO THE EXECUTIVE COMMITTEE BY THE FINANCE

COMMITTEE FOR APPROVAL. THE EXECUTIVE COMMITTEE THEN RECOMMENDS TO THE

BOARD OF DIRECTORS FOR APPROVAL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FINANCIAL STATEMENTS, THE ANNUAL AUDIT REPORT, AND THE ANNUAL FORM 990 ARE

AVAILABLE ON OUR WEBSITE AT WWW.UNITEDWAYTV.ORG. ALL DOCUMENTS, REPORTS AND

POLICIES ARE MADE AVAILABLE TO THE PUBLIC THROUGH ALLOWED INSPECTION AT THE

LOCAL UNITED WAY OFFICE.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR

TAX YEAR.

Schedule O (Form 990) 20	21						Page 2
Name of the organization		WAY	OF	TREASURE	VALLEY,	INC.	Employer identification number 82-0299013
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