

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

2021

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TREASURE VALLEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 16330 City or town, state or province, country, and ZIP or foreign postal code BOISE, ID 83715 F Name and address of principal officer: NORA CARPENTER SAME AS C ABOVE	D Employer identification number 82-0299013 E Telephone number 208-336-1070 G Gross receipts \$ 4,470,208. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYTV.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1928		M State of legal domicile: ID

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WE FIGHT FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERYONE IN THE TREASURE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	1080
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,477,269.	Current Year 4,335,678.
9	Program service revenue (Part VIII, line 2g)	29,741.	59,530.
10	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.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,164,309.	1,198,906.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 447,254.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,449,524.	936,895.
18	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.
20	Total assets (Part X, line 16)	Beginning of Current Year 4,974,332.	End of Year 5,526,975.
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.

Part II Signature Block

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

Sign Here	Signature of officer NORA CARPENTER, PRESIDENT & CEO Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name MARGARET FLOWERS	Preparer's signature MARGARET FLOWERS	Date 08/23/22	Check <input type="checkbox"/> if self-employed PTIN P00748716
	Firm's name ▶ HARRIS & CO., PLLC Firm's address ▶ 1120 S. RACKHAM WAY, SUITE 100 MERIDIAN, ID 83642	Firm's EIN ▶ 26-4022510 Phone no. (208) 333-8965		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY IMPROVES OUR NEIGHBORS LIVES BY MOBILIZING THE CARING POWER OF THE TREASURE VALLEY TO ADVANCE THE COMMON GOOD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 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.

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.

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.

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 19		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARK NAIL, DIRECTOR OF FINANCE - 208-336-1070**
P.O. BOX 16330, BOISE, ID 83715

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RYAN BAILEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) SHIRLEY O'NEIL BOARD MEMBER	1.00	X						0.	0.	0.
(20) SUSAN HALL BOARD MEMBER	1.00	X						0.	0.	0.
(21) TOM VAN HEMELRYCK BOARD MEMBER	2.00	X						0.	0.	0.
(22) WESTON ARNELL BOARD MEMBER	1.00	X						0.	0.	0.
(23) WYATT SCHROEDER BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								197,592.	0.	41,842.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								197,592.	0.	41,842.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under 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 similar amounts not included above	1f 4,335,678.					
	g Noncash contributions included in lines 1a-1f	1g \$ 225,884.					
	h Total. Add lines 1a-1f		4,335,678.				
Program Service Revenue	2 a FEES	Business Code 611710	59,530.	59,530.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		59,530.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,186.			9,186.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	25,714.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b 21,657.					
	c Gain or (loss)	7c 4,057.					
	d Net gain or (loss)		4,057.			4,057.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
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	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code 900099	40,100.	40,100.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		40,100.				
12 Total revenue. See instructions		4,448,551.	99,630.	0.	13,243.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,960,027.	1,960,027.		
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, 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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	373,146.	324,948.	47,720.	478.
12 Advertising and promotion	59,960.	27,968.	9,818.	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 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 O.)				
a IN-KIND COMMUNITY INVES	225,884.	217,334.		8,550.
b TECHNOLOGY/EQUIPMENT	77,490.	46,077.	12,718.	18,695.
c OTHER OPERATING COSTS	41,200.	5,807.	16,582.	18,811.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,095,828.	3,301,511.	347,063.	447,254.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	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.	
Liabilities	17 Accounts payable and accrued expenses	240,170.	17	253,241.
	18 Grants payable		18	
	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	
	22 Loans and other 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		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		25	
	26 Total liabilities. Add lines 17 through 25	240,170.	26	416,852.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,450,787.	27	3,916,234.
	28 Net assets with donor restrictions	1,283,375.	28	1,193,889.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,734,162.	32	5,110,123.
33 Total liabilities and net assets/fund balances	4,974,332.	33	5,526,975.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,448,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,095,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	352,723.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,734,162.
5	Net unrealized gains (losses) on investments	5	23,238.
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	5,110,123.

Part XII Financial Statements and Reporting

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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, column (f)						5056742.
6 Public support. Subtract line 5 from line 4.						15625242.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3881648.	3974195.	4013194.	4477269.	4335678.	20681984.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,859.	19,639.	30,785.	22,333.	9,186.	94,802.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59,461.	172,135.	63,982.	33,324.	40,100.	369,002.
11 Total support. Add lines 7 through 10						21145788.
12 Gross receipts from related activities, etc. (see instructions)					12	196,306.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	73.89 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.30 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business 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.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described on line 11a above?		
11b		
c 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		

Section 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 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		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 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		
2 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		
3 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.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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.		Yes	No
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.			
a 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.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported 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

Section 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 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC REVENUE

2017 AMOUNT: \$ 59,461.

2018 AMOUNT: \$ 172,135.

2019 AMOUNT: \$ 63,982.

2020 AMOUNT: \$ 33,324.

2021 AMOUNT: \$ 40,100.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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.

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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, 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).

Name of organization UNITED WAY OF TREASURE VALLEY, INC.	Employer identification number 82-0299013
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 190,507.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 154,443.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 244,411.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 111,310.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 491,828.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 154,157.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TREASURE VALLEY, INC.	Employer identification number 82-0299013
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 115,886.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TREASURE VALLEY, INC.	Employer identification number 82-0299013
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	507,007.	342,943.	385,953.	252,625.	223,301.
b Contributions		4,615.	5,000.	137,799.	12,885.
c Net investment earnings, gains, and losses	30,343.	174,342.	-45,411.	6,985.	27,032.
d Grants or scholarships	25,714.	12,215.		10,029.	9,309.
e Other expenditures for facilities and programs					
f Administrative expenses	3,047.	2,678.	-2,599.	1,427.	1,283.
g End of year balance	508,589.	507,007.	342,943.	385,953.	252,625.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		171,156.	171,156.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
(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...

Part XI Reconciliation of Revenue per Audited Financial Statements With 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:			
a	Net unrealized gains (losses) on investments	2a	23,238.	
b	Donated services and use of facilities	2b	210,872.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	540,837.	
c	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.	

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

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:			
a	Donated services and use of facilities	2a	210,872.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	540,837.	
c	Add lines 4a and 4b	4c	540,837.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,095,828.	

Part XIII Supplemental Information.

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

PART 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.

Part XIII Supplemental Information (continued)

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.

Part XIII Supplemental Information *(continued)*

PART XII, 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 SOUTHWEST - YOUTH MENTORING - 110 N. 27TH ST. - BOISE, ID 83702	82-0349401	501(C)(3)	33,900.	0.			SUPPORTS SOME OF THE PROFESSIONAL ADVISORY STAFF WHO OVERSEE EACH MATCH
BOYS & GIRLS CLUB OF NAMPA, INC. - YOUTH DEVELOPMENT - 316 STAMPEDE DRIVE - NAMPA, ID 83687	82-0504332	501(C)(3)	40,400.	0.			FUNDS ARE USED TO HIRE PERSONNEL WHO WORK WITH THE YOUTH, PURCHASE SUPPLIES AND EQUIPMENT.
BOYS & GIRLS CLUBS OF ADA COUNTY - YOUTH DEVELOPMENT - 610 E 42ND ST - GARDEN CITY, ID 83714	82-0481687	501(C)(3)	57,900.	0.			SUPPORTS THE COST FOR THE STAFF, THE FACILITIES AND THE PROGRAM SUPPLIES NEEDED TO IMPLEMENT OUR
CHARITABLE ASSISTANCE TO COMMUNITY'S HOMELESS (CATCH) - CATCH OF ADA & CANY - 503 S AMERICANA BLVD. - BOISE, ID 83702	27-3483457	501(C)(3)	55,000.	0.			FUNDING SUPPORTS EQUIPMENT, SUPPLIES AND CASE MANAGEMENT AND RESOURCE STAFF NEEDED FOR
CHILDREN'S HOME SOCIETY OF IDAHO, COMMUNITY SUPPORT PROGRAM FOR CHILDREN'S - 740 E WARM SPRINGS AVE - BOISE, ID 83712	82-0201128	501(C)(3)	16,000.	0.			MENTAL HEALTH COUNSELING SCHOLARSHIPS
COSSA FOUNDATION, INC. 109 PENNY LANE WILDER, ID 83676	82-0299347	501(C)(3)	8,500.	0.			COORDINATOR / SUPPLIES / SHELVING

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 FEEDING PROGRAM - 2513 S. FEDERAL WAY - BOISE, ID 83705	93-1277434	501(C)(3)	7,500.	0.			PROVIDING NUTRITIOUS SNACKS TO KIDS IN CANTON COUNTY
EMMETT SCHOOL DISTRICT - KENNETH CARBERRY COMMUNITY SCHOOL - 1950 EAST 12TH ST - EMMETT, ID 83617	82-6001228	501(C)(3)	8,500.	0.			EXPO / FOOD PANTRY / SUPPLIES
FACES ADVOCACY CENTER AND EDUCATION SERVICES (FACES) - CRISIS INTERVENTION - 417 S 6TH STREET - BOISE, ID 83702	20-4883532	501(C)(3)	16,000.	0.			PART-TIME CRISIS COUNSELOR
FAMILY ADVOCATE PROGRAM, INC - FAMILY STRENGTHENING - ADULT GROUP - 3010 W. STATE ST., STE 104 - BOISE, ID 83703	82-0344205	501(C)(3)	11,000.	0.			SALARY/OVERHEAD EXPENSES
GENESIS COMMUNITY HEALTH - 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 - SCHOLARSHIPS FOR CHILDREN - 1617 N 24TH STREET - BOISE, ID 83702	82-0481812	501(C)(3)	35,900.	0.			FUNDING SUPPORTS SCHOLARSHIPS FOR INCOME ELIGIBLE FAMILIES.
GIRAFFE LAUGH - SCHOOL AGE PROGRAM 1617 N 24TH STREET BOISE, ID 83702	82-0481812	501(C)(3)	7,800.	0.			SCHOLARSHIPS FOR SCHOOL AGE CHILDREN
GRAFFE LAUGH - PRESCHOOL THE IDAHO WAY IN GARDEN CITY - 1617 N 24TH STREET - BOISE, ID 83702	82-0481812	501(C)(3)	11,000.	0.			SCHOLARSHIPS FOR SCHOOL AGE CHILDREN
IDAHO FOODBANK -SCHOOL PANTRY 3562 SOUTH TK AVENUE BOISE, ID 83705	82-0425400	501(C)(3)	7,500.	0.			SALARY/SUPPORT

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
IDAHO YOUTH RANCH - HAYS SHELTER HOME - 5465 W. IRVING ST, BLDG 2 - BOISE, ID 83706	82-0253346	501(C)(3)	25,000.	0.			HELP FUND GENERAL OPERATING EXPENSES SUCH AS BASIC SHELTER NEEDS, 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 BOISE, ID 83702	81-6035382	501(C)(3)	17,450.	0.			SALARY & OVERHEAD EXPENSES
JANNUS - IDAHO SUICIDE PREVENTION HOTLINE - 1607 W. JEFFERSON ST - BOISE, ID 83702	81-6035382	501(C)(3)	42,000.	0.			SUPPOT STAFF TO RECRUIT, TRAIING & SUPERVISE PHONE ROOM VOLUNTEERS & OUTREACH EFFORTS
JANNUS - IDAHO VOICES FOR CHILDREN 1607 W. JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	10,000.	0.			SALARY & OVERHEAD EXPENSES
JESSE TREE - EXTENDED EMERGENCY RENTAL & MERCY ASSISTANCE PROGRAM - 1121 W MILLER ST - BOISE, ID 83702	82-0534777	501(C)(3)	21,700.	0.			ADDT'L CASE WORKER
KUNA SCHOOL DISTRICT - COMMUNITY SCHOOL RESOURCE - 711 E PORTER - KUNA, ID 83634	82-6001275	501(C)(3)	6,300.	0.			COMMUNITY SCHOOL COORDINATOR
LEARNING LAB - PRESCHOOLERS & PARENTS AS PARTNERS FAMILY LITERACY - 308 E 36TH ST - GARDEN CITY, ID 83714	82-0461933	501(C)(3)	22,500.	0.			FUNDING WILL DIRECTLY SUPPORT TEACHERS' AND PROGRAM COORDINATORS' SALARIES AS WELL AS
LEARNING LAB - LITERACY FOR ALL 308 E 36TH ST GARDEN CITY, ID 83714	82-0461933	501(C)(3)	20,000.	0.			FUNDS CLASSROOM SUPPLIES, STUDENT BOOKS AND SUPPLEMENTARY MATERIALS, EDUCATIONAL SOFTWARE AND

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
LIFE'S KITCHEN - WORKFORCE DEVELOPMENT - 1025 S CAPITAL BLVD - BOISE, ID 83706	80-0008918	501(C)(3)	10,000.	0.			SUSTAIN CURRENT LEVEL OF SERVICE
MARSING SCHOOL DISTRICT, COMMUNITY SCHOOL - 205 8TH AVE WEST - MARSING, ID 83639	82-6000855	501(C)(3)	22,500.	0.			GENERAL OPERATION OF COMMUNITY SCHOOL RESOURCE CENTER
NAMPA SCHOOL DISTRICT - COMMUNITY RESOURCE CENTERS - 619 S CANYON ST - NAMPA, ID 83686	82-6000727	501(C)(3)	10,000.	0.			SUSTAIN CURRENT LEVEL OF SERVICE
NOTUS SCHOOL DISTRICT, COMMUNITY SCHOOL - 25257 NOTUS ROAD - NOTUS, ID 83607	82-6002944	501(C)(3)	9,400.	0.			SALARY SUPPORT FOR COORDINATOR
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 - BOISE, ID 83703	94-1156347	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES OF THE PROGRAM
SOUTHWEST IDAHO RESOURCE CONVERSATION & DEV - PATHWAYS COMMUNITY CRISIS CEN - 1115 ALBANY STREET - CALDWELL, ID 83605	82-0476738	501(C)(3)	9,000.	0.			TRANSPORTATION VOUCHERS
TERRY REILLY HEALTH SERVICES- SCHOOL BASED CLINIC - 211 16TH AVE. N. - NAMPA, ID 83653	82-0300537	501(C)(3)	22,550.	0.			SUSTAINING CURRENT LEVEL OF SERVICE
TERRY REILLY HEALTH SERVICES - DIABETIC CARE & NUTRITIONAL EDUCATION - 211 16TH AVE. N. - NAMPA, ID 83653	82-0300537	501(C)(3)	20,000.	0.			.4 FTE REGISTERED DIETITIAN

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
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 KIMBALL AVE - CALDWELL, ID 83605	82-1368126	501(C)(3)	9,000.	0.			SALARY - OVERHEAD EXPENSES
TREASURE VALLEY FAMILY YMCA - EARLY AND SCHOOL AGE CHILDHOOD DEVELOPMENT - 1050 W. STATE STREET - BOISE, ID 83702	82-0200908	501(C)(3)	38,500.	0.			ALL UW FUNDING GOES DIRECTLY TO PROVIDE FINANCIAL ASSISTANCE TO 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
WOMEN'S & CHILDREN'S ALLIANCE -SAFE AND SECURE SHELTER - 720 W WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	75,000.	0.			FUNDING WILL SUPPORT THE COSTS OF MAINTAINING THE SHELTER AND COUNSELING AND CHILD CARE SO THAT
WOMEN'S & CHILDREN'S ALLIANCE - FINANCIAL LITERACY - 720 W WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	14,000.	0.			SUSTAIN CURRENT LEVEL OF SERVICE
OUR PATH HOME - HOME PARTNERSHIP FOUNDATION - PO BOX 7899 - BOISE, ID 83707	75-3162969	501(C)(3)	40,000.	0.			PARTNERSHIP TO END FAMILY HOMELESSNESS
CENTRAL DIST HEALTH 707 N. ARMSTRONG PLACE BOISE, ID 83704		501(C)(3)	10,000.	0.			WESTERN IDAHO COMMUNITY 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

Schedule I (Form 990)

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
CALDWELL SCHOOL DISTRICT 1502 FILLMORE ST CALDWELL, ID 83605		501(C)(3)	10,000.	0.			COMMUNITY SCHOOL STARTUP GRANTS
EMMETT SCHOOL DISTRICT 119 N WARDWELL AVE EMMETT, ID 83617		501(C)(3)	10,000.	0.			COMMUNITY SCHOOL STARTUP GRANTS
HORSESHOE BEND SCHOOL DISTRICT 398 SCHOOL DRIVE HORSESHOE BEND, ID 83629		501(C)(3)	10,000.	0.			COMMUNITY SCHOOL STARTUP GRANTS
NAMPA SCHOOL DISTRICT 619 SOUTH CANYON STREET NAMPA, ID 83686		501(C)(3)	10,000.	0.			COMMUNITY SCHOOL STARTUP GRANTS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS AND ASSISTANCE GIVEN TO DOMESTIC 501(C)(3) ORGANIZATIONS AS WELL AS GRANTEE ELIGIBILITY AND THE SELECTION CRITERIA FOR THE AWARDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF ADA COUNTY - YOUTH DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE COST FOR THE STAFF, THE

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, TRAIING & 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 CLASSROOM SUPPLIES, STUDENT

Part IV Supplemental Information

BOOKS AND SUPPLEMENTARY MATERIALS, EDUCATIONAL SOFTWARE AND COMPUTER
MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT:

TREASURE VALLEY FAMILY YMCA - EARLY AND SCHOOL AGE CHILDHOOD DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: ALL UW FUNDING GOES DIRECTLY TO
PROVIDE FINANCIAL ASSISTANCE TO ENROLL AND SERVE MORE CHILDREN AND
FAMILIES THROUGH OUR CHILD DEVELOPMENT PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S & CHILDREN'S ALLIANCE -SAFE AND SECURE SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL SUPPORT THE COSTS OF
MAINTAINING THE SHELTER AND COUNSELING AND CHILD CARE SO THAT CLIENTS
HAVE THE ABILITY TO ATTEND THEIR COUNSELING SESSIONS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ 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**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		8,950.	MARKET COST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD)	X	17	111,292.	MARKET COST
26 Other ▶ (PPE)	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**

	Yes	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 exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6135.

(D) METHOD OF DETERMINING REVENUE: MARKET COST

MATERIALS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 912.

(D) METHOD OF DETERMINING REVENUE:

**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.

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

OMB No. 1545-0047

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

Schedule O (Form 990) 2021

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.

