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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED WAY OF SALT LAKE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
257 EAST 200 SOUTH NO 300

City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY, UT 84111

F Name and address of principal officer:
BILL CRIM
257 EAST 200 SOUTH NO 300
SALT LAKE CITY, UT 84111

D Employer identification number
87-0227091

E Telephone number
(801) 736-8929

G Gross receipts \$ 34,435,564

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UW.ORG

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

L Year of formation: 1904

M State of legal domicile: UT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WE BUILD POWERFUL PARTNERSHIPS THAT ACHIEVE LASTING SOCIAL CHANGE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 58

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 57

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 120

6 Total number of volunteers (estimate if necessary) 6 3,387

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 13,413,184

9 Program service revenue (Part VIII, line 2g) 9 68,971

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 277,683

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -281,800

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13,478,038

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 6,452,878

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 6,407,360

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶2,138,115

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 2,353,018

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 15,213,256

19 Revenue less expenses. Subtract line 18 from line 12 19 -1,735,218

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 23,305,327

21 Total liabilities (Part X, line 26) 21 6,785,710

22 Net assets or fund balances. Subtract line 21 from line 20 22 16,519,617

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
JAY FRANCIS BOARD CHAIR
Type or print name and title

2021-01-12
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ CBIZ MHM LLC
Firm's address ▶ 19 EAST 200 SOUTH STE 1000
SALT LAKE CITY, UT 84111

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 34-1878512
Phone no. (801) 364-9300

PTIN P00869687

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

WE BUILD POWERFUL PARTNERSHIPS THAT ACHIEVE LASTING SOCIAL CHANGE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	6,547,334	including grants of \$	3,647,135) (Revenue \$)
See Additional Data					

4b	(Code:) (Expenses \$	1,478,599	including grants of \$) (Revenue \$	169,486)
See Additional Data					





















4c	(Code:) (Expenses \$	1,484,457	including grants of \$	790,749) (Revenue \$	1,674,665)
See Additional Data					

	(Code:) (Expenses \$	963,138	including grants of \$	963,138) (Revenue \$)
DONOR DESIGNATIONS ARE CONTRIBUTIONS IN WHICH DONORS SPECIFY HOW THEIR CONTRIBUTIONS WILL BE USED BY DESIGNATING A UNITED WAY COMMUNITY IMPACT PRIORITY, A UNITED WAY MANAGED PROGRAM, OR ANY BONA FIDE NONPROFIT AGENCY.					

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	963,138	including grants of \$	963,138) (Revenue \$)

4e	Total program service expenses ▶	10,473,528
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Part IV Checklist of Required Schedules

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

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? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

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

Check if Schedule O contains a response 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	58	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	57	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶JAMIE SCHILL 257 EAST 200 SOUTH SUITE 300 SALT LAKE CITY, UT 84111 (801) 746-2588

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 ☐

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

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

[illegible]

Part VII

(A)
Name and title

(B)
Average
hours per
week (list
any hours
for related
organizations
below dotted
line)

(C)
Position (do not check more than one box, unless person is both an officer and a director/trustee)

Former
Highest compensated employee
Key employee
Officer
Institutional Trustee
Individual trustee or director

(D)
Reportable
compensation
from the
organization
(W-2/1099-
MISC)

(E)
Reportable
compensation
from related
organizations
(W-2/1099-
MISC)

(F)
Estimated
amount of other
compensation
from the
organization and
related
organizations

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	682,914	0	66,397

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 ► 5

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)
Name and business address

(B)	
Description of services	

(C)
Compensation

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

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	57,383			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,861,584			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,402,921			
	g Noncash contributions included in lines 1a - 1f:\$	1g	5,070			
	h Total. Add lines 1a-1f		21,321,888			
Program Service Revenue	Business Code					
	2a PROGRAM REVENUE	900099	169,486	169,486		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f.		169,486			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		201,096		201,096	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	12,405,850			
		b Less: cost or other basis and sales expenses	7b	12,381,538		
		c Gain or (loss)	7c	24,312		
	d Net gain or (loss)		24,312		24,312	
	8a Gross income from fundraising events (not including \$ 57,383 of contributions reported on line 1c). See Part IV, line 18	8a	0			
		b Less: direct expenses	8b	170,851		
		c Net income or (loss) from fundraising events		-170,851		-170,851
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
		c Net income or (loss) from gaming activities				
	10aGross 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		Business Code				
11aACCRUED INT. SIB HB96		900099	201,550		201,550	
b MISCELLANEOUS REVENUE		900099	135,694		135,694	
c						
d All other revenue						
e Total. Add lines 11a-11d		337,244				
12 Total revenue. See instructions		21,883,175	169,486	0	391,801	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,401,022	5,401,022		
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	314,016	76,355	173,710	63,951
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	4,946,948	3,101,278	564,702	1,280,968
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	224,963	149,357	20,095	55,511
9 Other employee benefits	485,853	295,685	61,442	128,726
10 Payroll taxes	368,213	221,114	51,860	95,239
11 Fees for services (non-employees):				
a Management				
b Legal	18,956	17,705	1,251	
c Accounting	41,297		41,297	
d Lobbying	22,092	22,092		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,465		84,465	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	543,387	423,941	3,121	116,325
12 Advertising and promotion	61,553	60,228		1,325
13 Office expenses	188,791	94,859	34,817	59,115
14 Information technology	382,202	168,391	44,382	169,429
15 Royalties				
16 Occupancy	355,190	232,290	34,704	88,196
17 Travel	14,529	11,671	1,010	1,848
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,199	33,723	23,753	9,723
20 Interest				
21 Payments to affiliates	136,069	83,818	19,594	32,657
22 Depreciation, depletion, and amortization	69,839	39,191	9,780	20,868
23 Insurance	40,335	25,773	4,521	10,041
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP/SUBSCRIPTION	13,997	6,862	5,039	2,096
b AWARDS & GIFTS	8,937	3,778	3,821	1,338
c REPAIRS & MAINT.	3,285	2,071	455	759
d DONATED GOODS	2,324	2,324		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,795,462	10,473,528	1,183,819	2,138,115
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		3,513,746	2	13,100,322	
	3	Pledges and grants receivable, net		9,056,717	3	8,437,646	
	4	Accounts receivable, net			4		
	5	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			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		160,000	7	160,000	
	8	Inventories for sale or use		0	8	8,138	
	9	Prepaid expenses and deferred charges		40,400	9	101,482	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	738,823			
	b	Less: accumulated depreciation	10b	578,480	192,175	10c	160,343
	11	Investments—publicly traded securities		5,982,433	11	4,060,896	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,359,856	15	3,316,987	
16	Total assets. Add lines 1 through 15 (must equal line 34)		23,305,327	16	29,345,814		
Liabilities	17	Accounts payable and accrued expenses		807,346	17	1,027,174	
	18	Grants payable		1,559,356	18	1,380,176	
	19	Deferred revenue			19		
	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		4,288,718	23	3,115,495	
	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		130,290	25	212,129	
	26	Total liabilities. Add lines 17 through 25		6,785,710	26	5,734,974	
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		8,982,820	27	8,945,725	
	28	Net assets with donor restrictions		7,536,797	28	14,665,115	
	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		16,519,617	32	23,610,840	
33	Total liabilities and net assets/fund balances		23,305,327	33	29,345,814		

Part XI Reconciliation of Net AssetsCheck 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	21,883,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,795,462
3	Revenue less expenses. Subtract line 2 from line 1	3	8,087,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,519,617
5	Net unrealized gains (losses) on investments	5	-116,788
6	Donated services and use of facilities	6	5,392
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-885,094
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,610,840

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

Additional Data

Software ID:
Software Version:
EIN: 87-0227091
Name: UNITED WAY OF SALT LAKE

Form 990 (2019)

Form 990, Part III, Line 4a:

UNITED WAY OF SALT LAKE (UWSL) DEVELOPS COMPREHENSIVE, CROSS-SECTOR PARTNERSHIPS THAT WORK TOGETHER TO ACHIEVE POPULATION-LEVEL RESULTS (IN ADDITION TO INDIVIDUAL/PROGRAM-LEVEL RESULTS) IN THE AREAS OF EDUCATION, HEALTH AND FINANCIAL STABILITY AS THE PRIMARY DRIVERS OF ECONOMIC MOBILITY. THESE "PROMISE PARTNERSHIPS" BUILD CRADLE-TO-CAREER INFRASTRUCTURE AND FOCUS THEIR EFFORTS IN NEIGHBORHOODS, COMMUNITIES, AND POPULATIONS WHERE THE NEEDS ARE GREATEST AND WHERE KEY PARTNERS ARE WILLING TO WORK TOGETHER. THE STRATEGIES, PROGRAMS, AND SERVICES IMPLEMENTED BY THESE PARTNERSHIPS (INVOLVING HUNDREDS OF COMMUNITY PARTNERS, SCHOOLS AND BUSINESSES) HAPPEN THROUGH REGIONAL AND COMMUNITY-FOCUSED "COLLABORATIVE ACTION NETWORKS, AND THROUGH "COMMUNITY SCHOOLS OR NEIGHBORHOOD CENTERS THAT FUNCTION AS HUBS OF SERVICES AND SUPPORTS FOR THEIR RESPECTIVE COMMUNITIES. UWSL ALSO OPERATES A 2-1-1 INFORMATION AND REFERRAL SERVICE. IN ADDITION, UWSL ALSO PROVIDES GRANTS TO A LIMITED NUMBER OF COMMUNITY PARTNERS WORKING OUTSIDE OF THE PROMISE PARTNERSHIPS. THEY PROVIDE BASIC NEEDS SERVICES OF FOOD, SHELTER, HEALTH AND SAFETY TO THE GENERAL POPULATION WITHIN SALT LAKE, SUMMIT, DAVIS AND TOOELE COUNTIES. FINALLY, UWSL DISTRIBUTES RESOURCES TO MORE THAN 200 ADDITIONAL NONPROFIT ORGANIZATIONS AT THE SPECIFIC REQUEST OF INDIVIDUAL DONORS. UWSL ADVOCATES AT ALL LEVELS OF GOVERNMENT FOR A PUBLIC POLICY AGENDA THAT IS TIED TO ITS AREAS OF FOCUS, WHICH INCLUDE EDUCATION, FINANCIAL STABILITY, HEALTH, AND BASIC NEEDS.

Form 990, Part III, Line 4b:

BORN OUT OF THE NEED FOR AN EASY-TO-REMEMBER TELEPHONE NUMBER THAT COULD HELP PEOPLE NAVIGATE UTAH'S HEALTH AND HUMAN SERVICE RESOURCES, 2-1-1 LAUNCHED IN UTAH IN 2002 AND BECAME A STATEWIDE RESOURCE IN 2005. IT WAS ACQUIRED BY UNITED WAY OF SALT LAKE IN 2011. THE PURPOSE OF UTAH 211 IS TO INFORM DECISIONS, BUILD CONNECTIONS, AND EMPOWER UTAH. UTAH 211 IS FOR ALL PEOPLE OF UTAH MAINLY FOCUSING ON THE FOLLOWING: 1. PEOPLE WHO NEED HELP; 2. PEOPLE WHO HELP PEOPLE WHO NEED HELP; 3. PEOPLE WHO MAKE POLICY AND GIVE FUNDING FOR SERVICES USED BY PEOPLE WHO NEED HELP. UTAH 211 PROFESSIONALS CONNECT WITH UTAHNS' THROUGH A VARIETY OF MEDIUMS. WE ARE AVAILABLE 24/7, 365 DAYS A YEAR VIA PHONE, TEXT, CHAT, WEB, APP, EMAIL, AND SOCIAL MEDIA. CALLING 2-1-1 IS A SIMPLE AND EASY NUMBER TO REMEMBER. IT IS FREE AND CONFIDENTIAL AND AVAILABLE VIA PHONE IN OVER 200 LANGUAGES AND VIA TEXT, CHAT AND EMAIL PRIMARILY IN ENGLISH AND IN SPANISH. UTAH 211 IS A VITAL RESOURCE TO CONNECT PEOPLE TO HEALTH AND HUMAN SERVICES AND TO HELP SERVICE PROVIDERS AND POLICYMAKERS UNDERSTAND AND WORK TO ADDRESS THEIR CONSTITUENTS' NEEDS THROUGHOUT THE STATE OF UTAH. THIS YEAR, UTAH 211 INTERACTED 55,089 TIMES WITH UTAHNS VIA PHONE, CHAT, EMAIL, AND TEXT. ADDITIONALLY, CLIENTS INTERACTED WITH US THROUGH 604,728 WEBSITE SESSIONS AND 110,777 APP SEARCHES. IN ADDITION TO CLIENT INTERACTIONS, UTAH 211 PROVIDED PARTNER ACCESS TO INFORMATION 36,665 TIMES.

Form 990, Part III, Line 4c:

IN RESPONSE TO THE GLOBAL COVID-19 PANDEMIC, UWSL ESTABLISHED A STATEWIDE COVID-19 EMERGENCY RELIEF FUND, IN PARTNERSHIP WITH OTHER UNITED WAYS IN UTAH. TOGETHER, WE WORKED TO MOBILIZE RESOURCES SPECIFICALLY TO ASSIST THOSE MOST IMPACTED BY THE HEALTH AND ECONOMIC IMPACTS OF THE PANDEMIC. UTAH 211 CONNECTED INDIVIDUALS TO ESSENTIAL RESOURCES WHILE SIMULTANEOUSLY GATHERING DATA ABOUT CRITICAL NEEDS WITHIN THE COMMUNITY. UWSL DISTRIBUTED MORE THAN \$790,749 TO OUR UNITED WAY PARTNERS AND TO 35 GRANTEES. OUR UNITED WAY PARTNERS GRANTED FUNDS TO MORE THAN 50 ORGANIZATIONS. THE PARTNERSHIPS AND GRANTEES ASSISTED MORE THAN 49,000 INDIVIDUALS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL CRIM PRESIDENT & CEO	50.00	X		X				195,514	0	18,832
JERILYN STOWE CHIEF MARKETING & ENGAGEMENT	40.00					X		122,249	0	13,870
DANYA PASTUSZEK CHIEF OPERATING OFFICER	40.00					X		120,205	0	12,999
LYNN SIMS CHIEF FINANCIAL OFFICER	40.00			X				130,593	0	8,099
ERIN LANEY VP, RESOURCE DEVELOPMENT	40.00					X		114,353	0	12,597
ALEX GUZMAN BOARD MEMBER	1.00	X						0	0	0
ART TURNER BOARD MEMBER	1.00	X						0	0	0
ASHA PAREKH BOARD MEMBER	1.00	X						0	0	0
BARBARA BAGNASACCO BOARD MEMBER	1.00	X						0	0	0
BRIAN MCCALLION BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYAN J THOMAS BOARD MEMBER	1.00	X						0	0	0
CATHERINE F ANGSTMAN INVESTMENT CO-CHAIR	1.00	X						0	0	0
CHRIS R CHRISTIANSEN 2-1-1 STEERING COUNCIL CHAIR	1.00	X						0	0	0
COLLEEN LARKIN BELL GOVERNANCE CHAIR	1.00	X						0	0	0
CRISTINA ORTEGA BOARD MEMBER	1.00	X						0	0	0
CRYSTAL C LOW BOARD MEMBER	1.00	X						0	0	0
DAVID LLOYD SMITH BOARD MEMBER	1.00	X						0	0	0
DENEIVA KNIGHT BOARD MEMBER	1.00	X						0	0	0
DEREK MILLER BOARD MEMBER	1.00	X						0	0	0
GARY B PORTER BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG L SUMMERHAYS BOARD MEMBER	1.00	X						0	0	0
JACKIE BISKUPSKI BOARD MEMBER	1.00	X						0	0	0
JANE A MARQUARDT CI COUNCIL CO-CHAIR	1.00	X						0	0	0
JAY K FRANCIS BOARD CHAIR	1.00	X		X				0	0	0
JENNY WILSON BOARD MEMBER	1.00	X						0	0	0
JOELLE STEWARD BOARD MEMBER	1.00	X						0	0	0
JOHN J CONNELLY BOARD MEMBER	1.00	X						0	0	0
JOHN W MILLIKEN CI COUNCIL CO-CHAIR	1.00	X						0	0	0
JORGE A FIERRO BOARD MEMBER	1.00	X						0	0	0
JOSE ENRIQUEZ BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN KWAN BOARD MEMBER	1.00	X						0	0	0
KATHIE MILLER MAJOR GIFTS CHAIR	1.00	X						0	0	0
KATHLEEN PITCHER TOBEY BOARD MEMBER	1.00	X						0	0	0
KERRI NAKAMURA BOARD MEMBER	1.00	X						0	0	0
KEVIN J POTTS ADMIN FINANCE CO-CHAIR	1.00	X						0	0	0
KEVIN T PETERSON BOARD MEMBER	1.00	X						0	0	0
KIRK AUBRY PPRC CHAIR	1.00	X						0	0	0
KRIS J MECHAM BOARD MEMBER	1.00	X						0	0	0
LAUREN CALL BOARD MEMBER	1.00	X						0	0	0
MARK H BOUCHARD INVESTMENT CO-CHAIR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK LUCAS ADMIN FINANCE CO-CHAIR	1.00	X						0	0	0
MATT LYON BOARD MEMBER	1.00	X						0	0	0
MATT P GNAU BOARD MEMBER	1.00	X						0	0	0
MATTHEW G BARTOL BOARD MEMBER	1.00	X						0	0	0
MICHAEL ANGLIN BOARD MEMBER	1.00	X						0	0	0
MIKELLE MOORE VICE CHAIR	1.00	X		X				0	0	0
NATHAN BOYER BOARD MEMBER	1.00	X						0	0	0
PATRICIA WARNKEN BOARD MEMBER	1.00	X						0	0	0
PAULA GREEN JOHNSON BOARD MEMBER	1.00	X						0	0	0
REBECCA CHAVEZ-HOUCK PUBLIC POLICY CHAIR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD D FOSTER BOARD MEMBER	1.00	X						0	0	0
RUTH WATKINS BOARD MEMBER	1.00	X						0	0	0
SCARLETT FOSTER-MOSS BOARD MEMBER	1.00	X						0	0	0
SCOTT C ULBRICH CORPORATE SECRETARY	1.00	X		X				0	0	0
SCOTT D SPERRY AUDIT CHAIR	1.00	X						0	0	0
SEAN M SLATTER CORPORATE ENGAGEMENT CHAIR	1.00	X						0	0	0
STEVE WESTENSKOW BOARD MEMBER	1.00	X						0	0	0
TANYA VEA PUBLIC POLICY CO-CHAIR	1.00	X						0	0	0
TERRY L GRANT BOARD MEMBER	1.00	X						0	0	0
TODD D WEILER DAVIS COUNTY LIAISON	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY WILLIAMS BOARD MEMBER	1.00	X						0	0	0
ZEKE DUMKE III BOARD MEMBER	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF SALT LAKE

Employer identification number
87-0227091

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,144,781	12,735,870	15,055,973	13,416,125	21,321,888	74,674,637
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	12,144,781	12,735,870	15,055,973	13,416,125	21,321,888	74,674,637
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) . . .						10,893,752
6 Public support. Subtract line 5 from line 4.						63,780,885
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	12,144,781	12,735,870	15,055,973	13,416,125	21,321,888	74,674,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	181,762	174,976	181,471	278,487	201,096	1,017,792
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.). . .					337,244	337,244
11 Total support. Add lines 7 through 10						76,029,673
12 Gross receipts from related activities, etc. (see instructions)					12	650,452
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	83.890 %
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	88.050 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>		
1		
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>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
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>		
3b		
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>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
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>		
4b		
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>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
5a		
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?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
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>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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>		
9a		
b Did one or more disqualified persons (as defined in 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>		
9b		
c Did a disqualified person (as defined in 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>		
9c		
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>		
10a		
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>		
10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions)		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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):	1	
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 87-0227091
Name: UNITED WAY OF SALT LAKE

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization UNITED WAY OF SALT LAKE	Employer identification number 87-0227091
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	14,075													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,017													
c	Total lobbying expenditures (add lines 1a and 1b)	22,092													
d	Other exempt purpose expenditures	13,773,370													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,795,462													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	839,773													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	209,943													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	863,477	910,663	839,773	3,613,913
b Lobbying ceiling amount (150% of line 2a, column(e))					5,420,870
c Total lobbying expenditures	37,785	23,455	24,610	22,092	107,942
d Grassroots nontaxable amount	250,000	215,869	227,666	209,943	903,478
e Grassroots ceiling amount (150% of line 2d, column (e))					1,355,217
f Grassroots lobbying expenditures	27,782	13,867	17,532	14,075	73,256

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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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

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF SALT LAKE

Employer identification number
87-0227091

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" 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 (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 in 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	1,640,886	1,577,186	1,483,195	1,353,095
b	Contributions	10,500			
c	Net investment earnings, gains, and losses	20,984	78,111	108,395	144,018
d	Grants or scholarships	106,805			
e	Other expenditures for facilities and programs	21,702			
f	Administrative expenses	14,673	14,411	14,404	13,918
g	End of year balance	1,529,190	1,640,886	1,577,186	1,483,195

2

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

a

Board designated or quasi-endowment

69.820 %

b

Permanent endowment

3.270 %

c

Temporarily restricted endowment

26.910 %

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:

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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	172,273	110,798	61,475
d	Equipment	566,550	467,682	98,868
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			160,343

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. (Column (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIARY INTEREST IN TRUSTS	16,663
(2) OTHER RECEIVABLES	66,079
(3) SIB HB96 RECEIVABLE - STATE OF UTAH	3,215,710
(4) LEASE DEPOSIT	18,535
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	3,316,987

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	212,129

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,916,649
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-116,788
b	Donated services and use of facilities	2b	27,014
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	170,851
e	Add lines 2a through 2d	2e	81,077
3	Subtract line 2e from line 1	3	20,835,572
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	84,465
b	Other (Describe in Part XIII.)	4b	963,138
c	Add lines 4a and 4b	4c	1,047,603
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,883,175

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	13,825,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	21,622
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,055,945
e	Add lines 2a through 2d	2e	1,077,567
3	Subtract line 2e from line 1	3	12,747,859
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	84,465
b	Other (Describe in Part XIII.)	4b	963,138
c	Add lines 4a and 4b	4c	1,047,603
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,795,462

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 87-0227091
Name: UNITED WAY OF SALT LAKE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	DISTRIBUTION OF ENDOWMENT FUNDS ARE APPROVED BY THE BOARD OF DIRECTORS AND ARE MADE WHEN D EEMED APPROPRIATE. A GUIDELINE FOR DISTRIBUTIONS FROM THE ENDOWMENT FUND EARNINGS, ON A FI SCAL YEAR BASIS, IS DEFINED AS 50% OF THE INVESTED INCOME GROWTH OF THE ENDOWMENT FUNDS, U NLESS OTHERWISE RECOMMENDED BY THE BOARD OF DIRECTORS.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS FROM OUTSIDE EXPERTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY OR UNRECOGNIZED TAX BENEFITS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 170,851.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 963,138.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENTS EXPENSE 170,851. PROVISION FOR UNCOLLECTIBLE PLEDGES 885,094.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 963,138.

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Name of the organization UNITED WAY OF SALT LAKE	Employer identification number 87-0227091
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		UW EVENTS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	57,383			57,383
	2 Less: Contributions	57,383			57,383
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	170,851			170,851
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				170,851
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-170,851	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 82
- 3 Enter total number of other organizations listed in the line 1 table ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	UNITED WAY OF SALT LAKE (UWSL) MONITORS THE USE OF ALL GRANT FUNDS THROUGH PROGRAM AND FINANCIAL REPORTS SUBMITTED BY EACH PARTNER AT REGULAR INTERVALS. FINANCIAL REPORTS INCLUDE AUDITED FINANCIAL STATEMENTS, IRS FORM 990, AS WELL AS SPECIFIC PROGRAM AND ORGANIZATIONAL BUDGETS AND ACTUAL RESULTS. IF A PARTNER'S OPERATING BUDGET IS LESS THAN \$250,000, THE PARTNER MAY SUBMIT YEAR-END FINANCIALS CERTIFIED BY THE BOARD CHAIR AND AGENCY EXECUTIVE IN LIEU OF AN AUDIT FINANCIAL STATEMENT.

Additional Data

Software ID:
Software Version:
EIN: 87-0227091
Name: UNITED WAY OF SALT LAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAA FAIR CREDIT FOUNDATION 230 W 200 S 3104 SALT LAKE CITY, UT 84101	84-1411225	501(C)(3)	22,500				FINANCIAL COUNSELING, MONEY MANAGEMENT
AL-HUDA ISLAMIC CENTER 470 E STANLEY AVE SALT LAKE CITY, UT 84115	80-0310819	501(C)(3)	10,000				TO ASSIST INDIVIDUAL AND FAMILIES THAT ARE STRUGGLING WITH HOUSING, FOOD, UTILITIES, AND HEALTH CARE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALLIANCE HOUSE 1724 S MAIN ST SALT LAKE CITY, UT 84115	74-2440617	501(C)(3)	5,000				MENTAL HEALTH TREATMENT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	20,000				IMPLEMENTATION OF FREE COVID-19 ANTIBODY TESTING OF ALL BLOOD, PLATELET AND PLASMA DONATIONS MADE AT BLOOD DRIVES AND DONATION CENTERS THROUGHOUT UTAH.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ART ACCESSVSA ARTS 230 S 500 W STE 125 SALT LAKE CITY, UT 84101	87-0413445	501(C)(3)	20,000				THROUGH THE SALT LAKE COVID-19 MUTUAL AID GROUP HELP INDIVIDUALS AND FAMILIES OBTAIN GROCERIES, SUPPLIES, OR ADDRESS OTHER EMERGENCY FINANCIAL NEEDS.
ASIAN ASSOCIATION OF UTAH 1588 S MAJOR ST SALT LAKE CITY, UT 84115	87-0333555	501(C)(3)	68,316				ETHNIC/IMMIGRANT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BIG BROTHERS BIG SISTERS 151 E 5600 S STE 200 SALT LAKE CITY, UT 84107	87-0336168	501(C)(3)	171,000				PROVIDE CHILDREN FACING ADVERSITY W/STRONG & ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIFE FOR THE BETTER.
BOUNTIFUL COMMUNITY FOOD PANTRY 480 E 150 N BOUNTIFUL, UT 84010	84-1628459	501(C)(3)	18,000				EDUCATIONAL SERVICES AND SCHOOLS - OTHER - BASIC NEEDS-FOOD PANTRY

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BOY SCOUTS OF AMERICA GREAT SALT LAKE COUNCIL 525 FOOTHILL DR SALT LAKE CITY, UT 84113	87-0212460	501(C)(3)	79,353				PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME BY INSTILLING VALUES OF SCOUT OATH AND LAW
BOYS & GIRLS CLUBS PO BOX 57071 MURRAY, UT 84157	87-0304654	501(C)(3)	8,270				AFTER-SCHOOL PROGRAMS, PROVIDE SAFE PLACES FOR KIDS TO GO DURING UNSUPERVISED HOURS; PROVIDE YOUTH WITH ADULT MENTORS AND LIFE-ENHANCING PROGRAMS.

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CANYONS SCHOOL DISTRICT 9361 S 300 E SANDY, UT 84070	45-2603900	501(C)(3)	15,000				WORKS IN TANDEM W/COMMUNITY & BUSINESS PARTNERS TO BUILD SUPPORT FOR PUBLIC SCHOOLS & TO ADVANCE THE MISSION TO HELP EVERY STUDENT BECOME COLLEGE AND CAREER READY, & FIND MEANINGFUL PURPOSE IN LIFE
CATHOLIC COMMUNITY SERVICES OF UTAH 745 E 300 S SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	73,316				HUMAN SERVICES - MULTIPURPOSE

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CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	58,000				HUMAN SERVICES - MULTIPURPOSE - FOOD BANKS, FOOD PANTRIES, THRIFT SHOPS - HUMANITARIAN CENTER/SERVICES
CITY OF SOUTH SALT LAKE 220 E MORRIS AVE SOUTH SALT LAKE CITY, UT 84115		GOV'T	235,000				PROMISE SOUTH SALT LAKE

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CLEARFIELD HIGH SCHOOL 931 S 1000 E CLEARFIELD, UT 84015		GOV'T	5,000				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.
COMMUNITY ACTION PARTNERSHIP OF UTAH 230 S 500 W STE 260 SALT LAKE CITY, UT 84101	87-0509521	501(C)(3)	45,000				CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS, MANAGEMENT & TECHNICAL ASSISTANCE, FINANCIAL COUNSELING, MONEY MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY EDUCATION PARTNERSHIP OF WEST VALLEY CITY INC 3600 CONSTITUTION BLVD WEST VALLEY CITY, UT 84119	03-0543136	501(C)(3)	16,800				TO PROVIDE HIGH QUALITY AFTER-SCHOOL PROGRAMS AND COMMUNITY EVENTS FOR WESTVALLEY FAMILIES AND STUDENTS RESULTING IN INCREASED OPPORTUNITIES FOR LEARNING. THE ORGANIZATION REPRESENTS THE INTERESTS OF CHILDREN AND YOUTH IN LEGISLATION AND SERVES AS AN ADVOCATE BY ENCOURAGING THE DEVELOPMENT OF SUCH PROGRAMS. RAISES FUNDS TO SUPPORT YOUTH PROGRAMS FOR AFTER-SCHOOL PROGRAMS AND DISTRIBUTES MINI-GRANTS TO ORGANIZATIONS AND SCHOOLS.
COMMUNITY NURSING SERVICES 6949 HIGH TECH DR MIDVALE, UT 84047	87-0212459	501(C)(3)	75,000				HOME HEALTH CARE

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COMUNIDADES UNIDAS 1341 S STATE ST SUITE 211 SALT LAKE CITY, UT 84115	13-4257724	501(C)(3)	55,491				HUMAN SERVICES ORGANIZATION-ELIMINATE ETHNIC DISPARITIES BY PROMOTING GRASSROOTS OUTREACH, EDUCATION, & CAPACITY BUILDING; WORKS IN COMMUNITIES WITH HIGH PERCENTAGES OF IMMIGRANT FAMILIES.
COTTONWOOD HIGH SCHOOL 5715 S 1300 E SALT LAKE CITY, UT 84121		GOV'T	5,868				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DAVIS BEHAVIORAL HEALTH 934 S MAIN ST 6 LAYTON, UT 84041	87-0430116	501(C)(3)	65,000				ALCOHOL, DRUG ABUSE TREATMENT; MENTAL HEALTH TREATMENT
DAVIS CITIZENS' COALITION AGAINST VIOLENCE DBA SAFE HARBOR CRISIS CENTER PO BOX 772 KAYSVILLE, UT 84037	87-0516562	501(C)(3)	50,000				FAMILY VIOLENCE SHELTER AND SERVICES; VICTIMS' SERVICES; CHILDREN AND YOUTH SERVICES;

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DAVIS SCHOOL DISTRICT 490 S 500 E KAYSVILLE, UT 84037	87-0386379	501(C)(3)	135,086				COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS
ENGLISH SKILLS LEARNING CENTER 631 W NORTH TEMPLE SUITE 70 SALT LAKE CITY, UT 84116	87-0467902	501(C)(3)	45,000				ADULT, CONTINUING EDUCATION; TRAINING & SUPERVISING VOLUNTEERS WHO TEACH ESL TO ADULT IMMIGRANTS & REFUGEES IN SLC

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FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	38,000				PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE
FIRST STEP HOUSE 750 W 400 N SALT LAKE CITY, UT 84116	87-0290963	501(C)(3)	5,000				SUBSTANCE ABUSE DISORDER TREATMENT AND HOUSING

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FOR THE KIDS 230 S 500 W STE 215 SALT LAKE CITY, UT 84101	81-2933767	501(C)(3)	5,000				PROVIDES MEALS OVER THE WEEKEND TO ELEMENTARY KIDS WHO DEPEND ON THE FEDERAL FREE LUNCH PROGRAM AND HAVE LITTLE OR NO FOOD.
GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	GOV'T	105,660				EDUCATIONAL SERVICES AND SCHOOLS - OTHER; HELP PREPARE GRANITE SCHOOL STUDENTS WITH OPPORTUNITIES TO SUCCEED IN HIGHER EDUCATION, CAREER, & LIFE.

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GUADALUPE CENTER EDUCATIONAL PROGRAM INC 1385 N 1200 W SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	132,500				HELPS SERVE THE EDUCATIONAL NEEDS OF DISADVANTAGED CHILDREN & ADULT IMMIGRANTS & REFUGEES ON SLC'S WEST SIDE.
HELPING HAND ASSOCIATION DBA THE HAVEN 974 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	23-7043339	501(C)(3)	5,000				ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTION & TREATMENT

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HOLY CROSS MINISTRIES 860 E 4500 S STE 204 SALT LAKE CITY, UT 84107	87-0359324	501(C)(3)	9,215				RESPONDS TO UNDERSERVED COMMUNITY'S NEED FOR HEALTH AND WELL-BEING. CONNECTS PEOPLE TO COMMUNITY SERVICES, & ASSISTS INDIVIDUALS & FAMILIES TOWARD INDEPENDENCE & FULL PARTICIPATION IN THE COMMUNITY.
HOUSE OF HOPE 857 E 200 S SALT LAKE CITY, UT 84102	87-0255206	501(C)(3)	5,000				ALCOHOL, DRUG ABUSE TREATMENT; ADDICTION RECOVERY & BEHAVIORAL HEALTH SERVICES

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IMPACT MENTAL HEALTH DBA POLIZZI FOUNDATION 515 E 4500 S STE G220 SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	25,000				PROVIDES NO-COST, COMMUNITY-BASED PSYCHIATRIC CARE TO LOW-INCOME, UNINSURED CHILDREN, ADOLESCENTS, & ADULTS; SAFETY-NET AND BRIDGE TO EXISTING COMMUNITY HEALTH SERVICES FOR UTAHNS MOST IN NEED.
INTERNATIONAL RESCUE COMMITTEE 1800 S WEST TEMPLE SUITE 421 SALT LAKE CITY, UT 84115	13-5660870	501(C)(3)	68,316				INTERNATIONAL RELIEF; INTERNATIONAL DEVELOPMENT RELIEF SERVICES; INTERNATIONAL MIGRATION, REFUGEE ISSUES

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JEWISH FAMILY SERVICE 1111 BRICKYARD RD 218 SALT LAKE CITY, UT 84106	87-0227089	501(C)(3)	57,000				SERVES INDIVIDUALS FROM ALL DENOMINATIONS THROUGH COUNSELING, CARE MANAGEMENT, & COMMUNITY EDUCATION; SERVE DIVERSE POPULATION & TAILORED TO SPECIFIC NEEDS, CONCERNS, & CIRCUMSTANCES; WORKS WITH TEENS & SENIORS, REFUGEES, & STUDENTS, FAMILIES IN NEED OF COUNSELING, & FAMILIES INTERESTED IN VOLUNTEERING.
JUNIOR ACHIEVEMENT OF UTAH 515 E 100 S 200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	36,000				EDUCATIONAL SERVICES & SCHOOLS - OTHER; EDUCATION, BUSINESS, ENTERPRISE

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KEARNS HIGH SCHOOL 5525 S COUGAR LN KEARNS, UT 84118		GOV'T	5,900				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.
LATINO BEHAVIORAL HEALTHCARE SERVICES 3471 S W TEMPLE SALT LAKE CITY, UT 84115	46-5038499	501(C)(3)	20,000				PROVIDE FREE LANGUAGE-SPECIFIC AND CULTURALLY APPROPRIATE MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES TO LOW-INCOME/UNDER-SERVED POPULATIONS, PARTICULARLY LATINOS AND HISPANICS IN UTAH. MENTAL HEALTH SERVICES INCLUDE THERAPY, COUNSELING, AND PEER MENTORSHIP. SUBSTANCE USE DISORDER SUPPORT INCLUDES MENTORSHIP, SUPPORT GROUPS, AND OTHER SUPPORTIVE SERVICES.

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LATINOS IN ACTION 688 E UNION SQUARE SANDY, UT 84070	26-4304427	501(C)(3)	99,484				EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE OF GRADUATING FROM COLLEGE
LEGAL AID SOCIETY OF SALT LAKE 205 N 400 W SALT LAKE CITY, UT 84111	87-0212457	501(C)(3)	45,000				LEGAL SERVICES; PROTECTION AGAINST & PREVENTION OF NEGLECT, ABUSE, EXPLOITATION;

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MALIEH FREE CLINIC 415 E 3900 S SALT LAKE CITY, UT 84103	20-2313461	501(C)(3)	38,000				AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; PROVIDES FREE MEDICAL SERVICES FOR UNINSURED INDIVIDUALS & LOW INCOME FAMILIES
MIDTOWN HEALTH CLINIC 2253 S STATE ST SALT LAKE CITY, UT 84115	87-0540039	501(C)(3)	22,500				PROVIDE MEDICAL, DENTAL, AND MENTAL HEALTH CARE AND PHARMACEUTICALS TO LOW-INCOME FAMILIES.

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MIDVALE CITY-MIDVALE COMMUNITY BUILDING 49 W CENTER ST MIDVALE, UT 84047	46-0548747	501(C)(3)	9,000				PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR LOW-TO-MODERATE INCOME FAMILIES OF MIDVALE CITY & SURROUNDING AREAS
NATIONAL ALLIANCE ON MENTAL ILLNESS UTAH 450 S 900 E STE 160 SALT LAKE CITY, UT 84102	87-0432972	501(C)(3)	38,000				MENTAL HEALTH ASSOCIATION - MULTIPURPOSE

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NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CITY, UT 84104	87-0212462	501(C)(3)	42,000				CHILD DAY CARE; QUALITY/AFFORDABLE DAY CARE & SUPPORT SERVICES TO LOW-INCOME CHILDREN & ADULTS
ODYSSEY HOUSE INC - UTAH 344 E 100 S SALT LAKE CITY, UT 84111	87-0292487	501(C)(3)	30,000				ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTION & TREATMENT

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OGDEN HIGH SCHOOL 2828 HARRISON BLVD OGDEN, UT 84403		GOV'T	4,978				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.
OPEN DOORS - FORMERLY FAMILY CONNECTION CENTER 1360 E 1450 S CLEARFIELD, UT 84015	87-0421105	501(C)(3)	103,991				EMPOWER INDIVIDUALS & FAMILIES TO OVERCOME ABUSE & POVERTY, & TO ATTAIN SELF-RELIANCE

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PACIFIC ISLAND KNOWLEDGE 2 ACTION RESOURCES INC 3616 W GOOSEBERRY CT TAYLORSVILLE, UT 84129	47-4185069	501(C)(3)	20,000				IN LANGUAGE TRANSLATION AND/OR CREATION OF FLYERS, INFO GRAPHICS, VIDEOS USED TO EDUCATE AND CONNECT INDIVIDUALS TO SERVICES. PROVIDE THE OUTREACH NEEDED IN PERSON TO EDUCATE AND ASSIST IN FILLING OUT FORMS NEEDED TO ACCESS SERVICES, RIDES TO TESTING, TO FOOD BANKS, PPE, WORKMAN'S COMP, SMALL BUSINESS FUNDING, TO EDUCATE AND ADVOCATE FOR HOUSING AND UTILITIES DEFERRAL. AS WELL AS HELPING HELP WITH RENTAL ASSISTANCE, EMERGENCY HOUSING FOR HOMELESS AND DOMESTIC VIOLENCE SITUATIONS, GAS TO DELIVER FOOD.
PARK CITY EDUCATION FOUNDATION PO BOX 681422 PARK CITY, UT 84068	74-2552454	501(C)(3)	65,000				VOCATIONAL TECHNICAL; RAISE CAPITAL TO SUPPORT HIGH-IMPACT PROGRAMS THAT ADVANCE STUDENT ACHIEVEMENT

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PEACE HOUSE INC PO BOX 682141 PARK CITY, UT 84068	87-0500067	501(C)(3)	5,000				VICTIMS' SERVICES; HOT LINE, CRISIS INTERVENTION; OTHER HOUSING SUPPORT SERVICES
PEOPLE'S HEALTH CLINIC PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	23,000				HEALTH TREATMENT FACILITIES; HEALTH- GENERAL & REHAB;

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RAPE RECOVERY CENTER 2035 S 1300 E SALT LAKE CITY, UT 84105	87-0308785	501(C)(3)	5,000				RAPE VICTIM SERVICES; COUNSELING SUPPORT GROUPS; VICTIMS' SERVICES
SALT LAKE CENTER FOR SCIENCE EDUCATION 1400 W GOODWIN AVE SALT LAKE CITY, UT 84116		GOV'T	5,000				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.

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SALT LAKE COUNTY YOUTH SERVICES 177 W PRICE AVE SALT LAKE CITY, UT 84115		GOV'T	170,122				COLLECTIVE IMPACT
SALT LAKE EDUCATION FOUNDATION 440 E 100 S SALT LAKE CITY, UT 84111	74-2563849	501(C)(3)	5,000				ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY SALT LAKE BASIN PO BOX 2970 SALT LAKE CITY, UT 84110	94-1156347	501(C)(3)	20,000				PROVIDE EMERGENCY RENT AND MORTGAGE ASSISTANCE TO PREVENT HOMELESSNESS BY GIVING STRUGGLING HOUSEHOLDS A HELPING HAND WHILE THEY GET BACK ON THEIR FEET. PROVIDE LEND-A-HAND UTILITY ASSISTANCE TO SUPPORT STRUGGLING HOUSEHOLDS WITH MAINTAINING ESSENTIAL AMENITIES.
SOMALI BANTU ASSOCIATION OF UTAH 3335 S 900 E STE 120 SALT LAKE CITY, UT 84106	84-1694458	501(C)(3)	7,000				CONNECT AND PROVIDE FAMILIES HEALTHY FOOD.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH VALLEY SERVICES (FORMERLY SOUTH VALLEY SANCTUARY) PO BOX 1028 WEST JORDAN, UT 84084	87-0543219	501(C)(3)	15,000				FAMILY VIOLENCE SHELTERS & SERVICES
THE CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	50,000				BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INN BETWEEN 1216 E 1300 S SALT LAKE CITY, UT 84105	47-2329595	501(C)(3)	15,000				PROVIDES A SAFE HAVEN FOR THOSE WHO HAVE NOWHERE TO LIVE IN TIME OF MEDICAL CRISIS; ENSURES BASIC NEEDS, ACCESS TO PROPER MEDICAL CARE, AND COMPREHENSIVE SUPPORTIVE SERVICES FOR THOSE WHO NEED IT.
THE ROAD HOME 210 S RIO GRANDE ST SALT LAKE CITY, UT 84101	87-0212465	501(C)(3)	95,000				TEMPORARY SHELTER FOR THE HOMELESS; HUMAN SERVICE ORGANIZATIONS; OTHER HOUSING SUPPORT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN COMMUNITY SERVICES INC 638 WILMINGTON AVE SALT LAKE CITY, UT 84106	87-0303448	501(C)(3)	5,000				DEVELOPMENTALLY DISABLED SERVICES/CENTERS; OTHER HOUSING SUPPORT SERVICES
UNITED WAY OF UTAH COUNTY 148 N 100 W PROVO, UT 84601	94-2851681	501(C)(3)	39,600				FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY NEIGHBORHOOD PARTNERS 1060 S 900 W SALT LAKE CITY, UT 84104	87-6000525	GOV'T	20,000				PROVIDE FOOD OR RENTAL SUPPORT TO FAMILIES IN ECONOMIC DISTRESS, PRIORITIZING THOSE NOT ELIGIBLE FOR FEDERAL RELIEF FUNDS.
UNIVERSITY OF UTAH READING CLINIC 5242 COLLEGE DR SALT LAKE CITY, UT 84123	87-6000525	GOV'T	100,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH AFTERSCHOOL NETWORK 254 S 600 E 200 SALT LAKE CITY, UT 84102	76-0820361	501(C)(3)	60,000				BUILDING STRONG, SAFE, AND HEALTHY AFTERSCHOOL/OUT-OF-SCHOOL TIME PROGRAMS TO SUPPORT YOUTH, FAMILIES, AND COMMUNITIES. UAN HAS THREE MAIN OBJECTIVES. FIRST, TO CREATE A SUSTAINABLE STRUCTURE OF STATEWIDE, REGIONAL, AND LOCAL PARTNERSHIPS. PARTICULARLY SCHOOL-COMMUNITY PARTNERSHIPS, FOCUSED ON SUPPORTING POLICY DEVELOPMENT AT ALL LEVELS. SECOND, TO SUPPORT THE DEVELOPMENT AND GROWTH OF STATEWIDE POLICIES THAT WILL SECURE THE RESOURCES THAT ARE NEEDED TO SUSTAIN NEW AND EXISTING SCHOOL LINKED/SCHOOL-BASED AFTERSCHOOL PROGRAMS. THIRD, TO SUPPORT STATEWIDE SYSTEMS TO ENSURE PROGRAMS ARE OF HIGH QUALITY
UTAH CENTER FOR SCIENCE AND MATH 155 S 1452 E RM 452 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	20,501				UBEE'S SCIENCE & MATH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH COMMUNITY ACTION 1307 S 900 W SALT LAKE CITY, UT 84102	87-0269683	501(C)(3)	333,491				HUMAN SERVICES ORGANIZATION; EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH); KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL, EARLY ADMISSIONS
UTAH HEALTH AND HUMAN RIGHTS PROJECT 225 S 200 E STE 250 SALT LAKE CITY, UT 84111	20-3901845	501(C)(3)	5,000				CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS; HELP SURVIVORS OF TORTURE LIVING IN UT HEAL FROM THEIR PHYSICAL AND PSYCHOLOGICAL INJURIES & REBUILD THEIR LIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH HEALTH POLICY PROJECT 508 E SOUTH TEMPLE STE 45 SALT LAKE CITY, UT 84102	87-0684606	501(C)(3)	70,000				ALLIANCE/ADVOCACY ORGANIZATIONS; ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDER-SERVED UTAHNS THROUGH BETTER ACCESS, EDUCATION, & PUBLIC POLICY
UTAH LEGAL SERVICES 205 N 400 W SALT LAKE CITY, UT 84103	87-0298910	501(C)(3)	40,000				LEGAL SERVICES; PROTECT THE RIGHTS OF THE DISADVANTAGED & PERSONS OF LIMITED MEANS BY LEGAL REPRESENTATION, ADVOCACY, & EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH PACIFIC ISLANDER CIVIC ENGAGEMENT COALITION 390 E 6770 S MIDVALE, UT 84047	81-3560782	501(C)(3)	20,000				CREATE PSA'S, CREATING FAQ SHEETS, AND TRANSLATING INFORMATION FROM THE FEDERAL, STATE, AND LOCAL MUNICIPALITIES COVID-19 SITES. DISTRIBUTE INFORMATION VOLUNTEER COMMUNITY HEALTH WORKERS.
UTAH PARTNERS FOR HEALTH 3665 S 8400 W MAGNA, UT 84044	27-0218004	501(C)(3)	154,000				COMMUNITY HEALTH SYSTEMS; HEALTH (GENERAL AND FINANCING); AMBULATORY HEALTH CENTER, COMMUNITY CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAHNS AGAINST HUNGER 455 E 400 S 407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	65,000				ALLIANCE/ADVOCACY ORGANIZATIONS; AGRICULTURAL, YOUTH DEVELOPMENT; INCREASE ACCESS TO FOOD THROUGH ADVOCACY, OUTREACH, & EDUCATION
VALLEY MENTAL HEALTH INC DBA VALLEY BEHAVIORAL HEALTH 4460 S HIGHLAND DR STE 200 SALT LAKE CITY, UT 84124	94-2938348	501(C)(3)	55,000				TO PROVIDE AND ADMINISTER MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES FOR THE SALT LAKE, SUMMIT AND TOOELE COUNTY, UTAH AREAS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE STE 100 SALT LAKE CITY, UT 84108	87-0428873	501(C)(3)	70,000				ALLIANCE/ADVOCACY ORGANIZATIONS; HUMAN SERVICES - MULTIPURPOSE, OTHER YOUTH DEVELOPMENT
VOLUNTEERS OF AMERICA UTAH 435 W BEARCAT DR SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	65,000				BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASATCH FORENSIC NURSES 1565 E 3300 S SALT LAKE CITY, UT 84106	87-0687017	501(C)(3)	5,000				TO PROVIDE COMPASSIONATE CARE AND PROFESSIONAL TIMELY COLLECTION OF FORENSIC MEDICAL EVIDENCE AS PART OF A MULTIDISCIPLINARY TEAM.
WASATCH HOMELESS HEALTH CARE INC (FOURTH STREET CLINIC) 409 400TH S SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	50,000				AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; MENTAL HEALTH CRISIS INTERVENTION; PRIMARY CARE FACILITIES; HELPS HOMELESS UTAHNS GET BACK ON THEIR FEET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF NORTHERN UTAH 3216 S HIGHLAND DR STE 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	22,500				PROVIDE COMMUNITIES WITH EXPERIENCES THAT ENHANCE HEALTHY MIND, BODY, & SPIRIT IN WHICH WE STRIVE TO BUILD STRONG KIDS, FAMILIES, AN COMMUNITIES.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH (DBA YWCA UTAH) 344 E BROADWAY SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	80,000				FAMILY VIOLENCE SHELTERS AND SERVICES; VICTIMS' SERVICES; CHILD DAY CARE

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization UNITED WAY OF SALT LAKE		Employer identification number 87-0227091

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
UNITED WAY OF SALT LAKE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

87-0227091

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE IS NO COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO & CFO AND THE ADMINISTRATION/FINANCE COMMITTEE. A COPY OF THE FORM 990 IS THEN GIVEN TO THE EXECUTIVE COMMITTEE AND FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE ETHICS OFFICER, WHO IS THE CHAIR OF THE GOVERNANCE AND ETHICS COMMITTEE, THE GOVERNANCE AND ETHICS COMMITTEE ITSELF, AND BY THE EXECUTIVE COMMITTEE AND THE FULL BOARD. ANY ISSUES ARE PURSUED AND RESOLVED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	UWSL'S EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD AND SETS THE COMPENSATION FOR THE SENIOR MANAGEMENT TEAM. THE COMMITTEE DETERMINES COMPENSATION LEVELS BASED ON RELEVANT COMPENSATION STUDIES FROM UNITED WAY WORLDWIDE AND OTHERS. IT ALSO COMPARES COMPENSATION LEVELS AT OTHER LOCAL NONPROFIT ORGANIZATIONS OF A COMPARABLE SIZE OR LEVEL OF COMMUNITY INFLUENCE AS DISCLOSED ON THEIR 990'S. RECOMMENDATIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UWSL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE HOMEPAGE OF ITS WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PROVISION FOR UNCOLLECTIBLE PLEDGES -885,094.