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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED WAY OF NORTHERN NEVADA AND THE SIERRA		D Employer identification number 88-0059327
		Doing Business As		E Telephone number 775-322-8668
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2730		G Gross receipts \$ 2,198,824.
		City or town, state or country, and ZIP + 4 RENO, NV 89505-2730		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: KAREN BARSELL SAME AS ABOVE				
I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.UWAYRENO.ORG				
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation 1961 M State of legal domicile NV				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITED WAY LINKS COMMUNITY'S WILL AND RESOURCES TO IMPROVE LIVES.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of employees (Part V, line 2a)	20
	6	Total number of volunteers (estimate if necessary)	491
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 2,813,376. Current Year: 2,076,841.
	9	Program service revenue (Part VIII, line 2g)	90,493. 90,553.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,849. 14,084.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,044. 17,346.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,942,762. 2,198,824.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,910,151. 1,775,534.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	680,627. 698,684.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 218,508.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	300,463. 271,222.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,891,241. 2,745,440.
	19	Revenue less expenses. Subtract line 18 from line 12	51,521. <546,616.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 2,549,572. End of Year: 1,727,540.
	21	Total liabilities (Part X, line 26)	412,572. 202,535.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,137,000. 1,525,005.

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 <i>Karen Barsell</i>	Date May 7, 2010	
	KAREN BARSELL, PRESIDENT AND CEO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <i>Detulive</i>	Date 05/04/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 KOHN COLODNY LLP 5310 KIETZKE LANE, SUITE 101 RENO, NEVADA 89511		Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ 775-828-7300

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

☒ Yes ☐ No

SCANNED JUN 23 2010

815
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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

UNITED WAY OF NORTHERN NEVADA AND THE SIERRA IS THE REGION'S LARGEST NETWORK OF INDIVIDUALS AND ORGANIZATIONS DEDICATED TO ADVANCING THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME, AND HEALTH.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 959,855. including grants of \$ 959,855.) (Revenue \$ 1,320,528.)
LED BY COMMUNITY VOLUNTEERS, UNITED WAY OF NORTHERN NEVADA AND THE SIERRA IDENTIFIES PRESSING COMMUNITY NEEDS; DEVELOPS STRATEGIES THAT ADDRESS ISSUES IN THE FOCUS AREAS OF EDUCATION (HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL), INCOME (HELPING PEOPLE BECOME FINANCIALLY STABLE AND INDEPENDENT), AND HEALTH (IMPROVING PEOPLES HEALTH), PULLS TOGETHER FINANCIAL AND HUMAN RESOURCES TO TACKLE THESE ISSUES WITH INNOVATIVE FUNDING TO 501(C)(3) PARTNER AGENCIES THAT HAVE ACHIEVED UNITED WAY'S STANDARDS OF EXCELLENCE ACCREDITATION (STRINGENT FINANCIAL, ORGANIZATIONAL, AND PROGRAMMATIC REQUIREMENTS).

4b (Code:) (Expenses \$ 489,229. including grants of \$ 400,928.) (Revenue \$ 340,762.)
UNITED WAY OF NORTHERN NEVADA AND THE SIERRA CO-FOUNDED AND CONTINUES TO OPERATE THE STATEWIDE 2-1-1 SYSTEM. WE MAP DEMOGRAPHIC AND RESOURCE INFORMATION, PROVIDE OUTREACH TO SPECIAL POPULATIONS, PROVIDE CASE MANAGEMENT TOOLS, AND PROVIDE TECHNICAL SUPPORT ENABLING AGENCY COLLABORATION. THE 2-1-1 PARTNERSHIP LINKS PEOPLE WITH RESOURCES FOR BASIC HUMAN SERVICES, PHYSICAL AND MENTAL HEALTH, EMPLOYMENT SUPPORT, SUPPORT FOR SENIORS AND PERSONS WITH DISABILITIES, PROGRAMS FOR CHILDREN, YOUTH, AND FAMILIES, VOLUNTEER AND DONATION OPPORTUNITIES, AND SUPPORT FOR COMMUNITY CRISIS OR EMERGENCY DISASTER RECOVERY.

4c (Code:) (Expenses \$ 414,751. including grants of \$ 414,751.) (Revenue \$ 414,751.)
WHEN REQUESTED DURING UNITED WAYS COMPREHENSIVE FUNDRAISING APPEAL, WE HONOR OUR DONORS' WISHES TO DIRECT THEIR GIFTS TO 501(C)(3) ORGANIZATIONS. THE AMOUNT LISTED HERE INCLUDES THE TOTAL OF ALL DESIGNATIONS RAISED FOR UNITED WAY'S PARTNER AGENCIES; ALSO THE TOTAL OF DESIGNATIONS TO UNAFFILIATED 501(C)(3) ORGANIZATIONS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 377,434. including grants of \$) (Revenue \$ 108,699.)

4e Total program service expenses ► \$ 2,241,269. (Must equal Part IX, Line 25, column (B).)

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Did the organization solicit any contributions that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter: N/A		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter: N/A		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	21	
b	Enter the number of voting members that are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **KAREN BARSELL - 775-322-8668**
PO BOX 2730, RENO, NV 89505-2730

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREG KRAUSE CHAIR	2.00	X		X				0.	0.	0.
LARRY DEVINCENZI DIRECTOR	2.00	X						0.	0.	0.
ANN CAMPBELL SECRETARY	2.00	X		X				0.	0.	0.
KRIS WELLS DIRECTOR	1.00	X						0.	0.	0.
CHRIS BOSSE DIRECTOR	1.00	X						0.	0.	0.
MITCH COHEN DIRECTOR	1.00	X						0.	0.	0.
NANCY CUMMINGS DIRECTOR	2.00	X						0.	0.	0.
RICHARD "SKIP" DALY DIRECTOR	1.00	X						0.	0.	0.
JOAN DEES TREASURER	2.00	X		X				0.	0.	0.
BARBARA DRAKE DIRECTOR	2.00	X						0.	0.	0.
BONNIE DRINKWATER DIRECTOR	1.00	X						0.	0.	0.
PAUL DUGAN DIRECTOR	1.00	X						0.	0.	0.
ROBERT GRUBIC DIRECTOR	1.00	X						0.	0.	0.
CLIFF HELLER DIRECTOR	1.00	X						0.	0.	0.
PEGGY GLICK DIRECTOR	1.00	X						0.	0.	0.
PAULA LEE HOBSON DIRECTOR	1.00	X						0.	0.	0.
CURTIS MCELWEE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TINA NAPPE DIRECTOR	1.00	X						0.	0.	0.
CHAD OSORNO DIRECTOR	1.00	X						0.	0.	0.
SCOTT SAVARDA DIRECTOR	2.00	X						0.	0.	0.
TOM PFOH DIRECTOR	1.00	X						0.	0.	0.
KAREN BARSELL PRESIDENT/CEO	50.00				X			76,794.	0.	0.
LOU NELSON CFO	48.00				X			16,827.	0.	0.
1b Total								93,621.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Form 990 (2008)

**UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA**

Form 990 (2008)

88-0059327 Page **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	340,762.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,736,079.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2076841.			
	Program Service Revenue	2 a ADMINISTRATION FEES	Business Code	900099	63,499.	63,499.	
b PROGRAM SPONSORSHIP			900099	17,023.	17,023.		
c PROGRAM SERVICE FEES			900099	10,031.	10,031.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				90,553.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			14,084.	14,084.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a REIMBURSEMENTS		900099	17,346.	17,346.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			17,346.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2198824.	121,983.	0.	0.	

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Form **990** (2008)

**UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA**

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,775,534.	1,775,534.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,536.	71,189.	56,108.	24,239.
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	389,192.	194,543.	95,769.	98,880.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,398.	15,499.	8,533.	7,366.
9 Other employee benefits	74,661.	37,319.	18,374.	18,968.
10 Payroll taxes	51,897.	25,560.	14,345.	11,992.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	16,800.	8,274.	4,644.	3,882.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	84,854.	41,791.	23,457.	19,606.
12 Advertising and promotion	2,997.	1,477.	827.	693.
13 Office expenses	47,706.	23,495.	13,189.	11,022.
14 Information technology				
15 Royalties				
16 Occupancy	24,559.	12,094.	6,790.	5,675.
17 Travel	5,905.	2,908.	1,632.	1,365.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,237.	2,578.	1,449.	1,210.
20 Interest				
21 Payments to affiliates	24,267.		24,267.	
22 Depreciation, depletion, and amortization	19,614.	9,660.	5,422.	4,532.
23 Insurance	5,646.	2,782.	1,559.	1,305.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	19,292.	9,502.	5,332.	4,458.
b SPECIAL EVENTS	14,345.	7,064.	3,966.	3,315.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,745,440.	2,241,269.	285,663.	218,508.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	578,712.	2	422,999.
	3 Pledges and grants receivable, net	1,271,054.	3	685,068.
	4 Accounts receivable, net	14,852.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,303.	9	18,891.
	10a Land, buildings, and equipment cost basis	629,994.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	270,592.	10c	359,402.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	293,917.	12	241,180.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,549,572.	16	1,727,540.	
Liabilities	17 Accounts payable and accrued expenses	41,375.	17	48,151.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	371,197.	25	154,384.
	26 Total liabilities. Add lines 17 through 25	412,572.	26	202,535.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,992,854.	27	1,407,882.
	28 Temporarily restricted net assets	61,194.	28	42,773.
	29 Permanently restricted net assets	82,952.	29	74,350.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,137,000.	33	1,525,005.
	34 Total liabilities and net assets/fund balances	2,549,572.	34	1,727,540.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

UNITED WAY OF NORTHERN NEVADA

Schedule A (Form 990 or 990-EZ) 2008 AND THE SIERRA

88-0059327 Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,816,810.	2,713,372.	2,789,103.	2,813,376.	2,076,841.	13,209,502.
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 - 3	2,816,810.	2,713,372.	2,789,103.	2,813,376.	2,076,841.	13,209,502.
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)						
6 Public Support. Subtract line 5 from line 4						13,209,502.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,816,810.	2,713,372.	2,789,103.	2,813,376.	2,076,841.	13,209,502.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,429.	28,893.	37,826.	25,849.	14,084.	120,081.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,020.	16,887.	10,946.	13,044.	17,346.	77,243.
11 Total support. Add lines 7 through 10						13,406,826.
12 Gross receipts from related activities, etc. (see instructions)					12	373,558.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.53 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.69 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008
Open to Public
InspectionName of the organization **UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA**Employer identification number
88-0059327**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

	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 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA

Schedule D (Form 990) 2008

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Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
INVESTMENTS	241,180.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶	241,180.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO DESIGNATED AGENCIES	73,431.
GRANT PROCEEDS PAYABLE TO PARTNER AGENCIES	80,953.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	154,384.

In Part XIV, 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.

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Schedule D (Form 990) 2008

UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA

Schedule D (Form 990) 2008

88-0059327 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,198,824.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,745,440.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<546,616.>
4	Net unrealized gains (losses) on investments	4	<60,916.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	<4,463.>
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<65,379.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<611,995.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,754,198.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<65,379.>
b	Donated services and use of facilities	2b	35,504.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<29,875.>
3	Subtract line 2e from line 1	3	1,784,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	414,751.
c	Add lines 4a and 4b	4c	414,751.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,198,824.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,366,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	35,504.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	35,504.
3	Subtract line 2e from line 1	3	2,330,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	414,751.
c	Add lines 4a and 4b	4c	414,751.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,745,440.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: BOARD DESIGNATED FUNDS HAVE BEEN SET ASIDE FOR

RESERVES. PERMANENT ENDOWMENTS HAVE BEEN SET ASIDE TO PROVIDE THE

ORGANIZATION WITH INCOME FOR OPERATIONS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES: 414751.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2008

Part XIV	Supplemental Information <i>(continued)</i>
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DESIGNATIONS TO AGENCIES: 414751.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA**

Employer identification number
88-0059327

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS CALL CENTER PO BOX 8016 RENO, NV 89507	88-0201840	501(C)3	211,300.	0.			24-HOUR INTERVENTION, INFORMATION, AND REFERRAL HOTLINE
HELP OF SOUTHERN NEVADA 1640 E FLAMINGO ROAD LAS VEGAS, NV 89119	88-0108496	501(C)3	199,456.	0.			PROVIDES ASSISTANCE TO FAMILIES AND INDIVIDUALS THROUGH SERVICES, TRAINING AND REFERRALS
BRISTLECONE FAMILY RESOURCES PO BOX 52230 SPARKS, NV 89435	88-0114925	501(C)3	63,553.	0.			PROVIDING PEOPLE WITH SUBSTANCE USE DISORDERS THE MEANS TO HEALTH AND WELL BEING
NEVADA LEGAL SERVICES 204 MARSH AVENUE 3RD FLOOR RENO, NV 89500	88-0716914	501(C)3	10,000.	0.			A PUBLIC INTEREST LAW FIRM SERVING LOW-INCOME NEVADANS
SIERRA RECOVERY CENTER 1137 EMERALD BAY ROAD SOUTH LAKE TAHOE, CA 96150	94-2422412	501(C)3	18,500.	0.			PROVIDES COMPREHENSIVE SUBSTANCE ABUSE TREATMENT AND COUNSELING IN A RESIDENTIAL SETTING
ALZHEIMER'S ASSOCIATION, NORTHERN NV CHAPTER - 1060 LA AVENIDA - MOUNTAIN VIEW, CA 94043	88-0246454	501(C)3	28,997.	0.			PROVIDES NO-COST COMPREHENSIVE NON-MEDICAL SERVICES, EDUCATION, REFERRALS, AND RESPIRE

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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[illegible]

Part IV	Supplemental Information: Complete this part to provide the information required in Part I, line 2, and any other additional information
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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF NORTHERN NEVADA
AND THE SIERRA

Employer identification number

88-0059327

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODBANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)3	36,190.	0.			PROVIDES EMERGENCY FOOD, FOOD STAMP ACCESS, AND APPLICATION ASSISTANCE TO CLIENTS
ADVOCATES TO END DOMESTIC VIOLENCE 32 SIERRA AVE CARSON CITY, NV 89702	94-2665387	501(C)3	6,417.	0.			EMERGENCY SHELTER PROVIDES COUNSELING AND BASIC NEEDS ASSISTANCE TO DOMESTIC VIOLENCE VICTIMS
AMERICAN RED CROSS SIERRA NEVADA CHAPTER - 1190 CORPORATE BLVD - RENO, NV 89502	53-0196605	501(C)3	7,908.	0.			EMERGENCY DISASTER RELIEF SUPPORT FOR VICTIMS OF DISASTERS AND OTHER EMERGENCIES
BIG BROTHERS BIG SISTERS OF NEVADA 495 APPLE STREET RENO, NV 89502	32-0147198	501(C)3	15,000.	0.			COMMUNITY BASED MENTORING PROGRAM THAT MATCHES CHILDREN TO ADULT ROLE MODELS
BOY SCOUTS OF AMERICA NEVADA AREA COUNCIL - 1745 S WELLS AVE - RENO, NV 89502	88-0059912	501(C)3	15,106.	0.			AFTERSCHOOL AND EVENING PROGRAM PROVIDES SUPPORT TO BOY SCOUTING IN AT-RISK AREAS
BOYS AND GIRLS CLUB OF MASON VALLEY - 124 N MAIN STREET - YERINGTON, NV 89447	88-0407331	501(C)3	5,000.	0.			SUPPORT FOR THE LEADER IN TRAINING PROGRAM
BOYS AND GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E 9TH STREET - RENO, NV 89512	88-0142068	501(C)3	44,544.	0.			OUTREACH PROGRAM OFFERS POSITIVE AND ENJOYABLE OPPORTUNITIES FOR AREA YOUTH
BOYS AND GIRLS CLUB OF WESTERN NEVADA - 673 S STEWART STREET - CARSON CITY, NV 89701	88-0269139	501(C)3	12,000.	0.			POWER HOUR AFTER SCHOOL HOMEWORK PROGRAM HELPS ALL MEMBERS AGES 7-18

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
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Name of the organization **UNITED WAY OF NORTHERN NEVADA
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Employer identification number
88-0059327

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CATHOLIC COMMUNITY SERVICES 500 E 4TH STREET RENO, NV 89512	88-0339754	501(C)3	71,011.	0.			PROVIDE LOW-INCOME UNDERSERVED FAMILIES AND INDIVIDUALS WITH NUTRITIOUS FOOD	
CENTRAL LYON YOUTH CONNECTION 170 PIKE ST DAYTON, NV 89403	94-3178814	501(C)3	10,000.	0.			COMMUNITY BASED YOUTH VOLUNTEER PROGRAM FOR AGES 11-18	
CHILD ASSAULT PREVENTION 275 HILL ST RENO, NV 89501	88-0208611	501(C)3	10,000.	0.			WORKSHOPS EMPOWER CHILDREN TO BE "SAFE, STRONG, AND FREE" THROUGH EDUCATION AND PREVENTION	
CHILDREN'S CABINET INC 2079 LONGLEY LN RENO, NV 89502	88-0253851	501(C)3	22,500.	0.			PROVIDES INDIRECT SERVICES TO CHILDREN BIRTH TO 12 IN A CHILD CARE SETTING	
COMMITTEE TO AID ABUSED WOMEN 1735 VASSAR STREET RENO, NV 89502	94-2605396	501(C)3	19,582.	0.			PROVIDE EMERGENCY SHELTER AND RESOURCES TO ABUSED VICTIMS AND THEIR CHILDREN	
COMMUNITY CHEST INC 991 C STREET VIRGINA CITY, NV 89440	88-0266600	501(C)3	30,000.	0.			CLASSROOM OF WHEELS BUS PROVIDES EARLY CHILDHOOD EDUCATION IN RURALLY ISOLATED AREAS	
COMMUNITY COUNSELING CENTER 205 S PRATT AVE CARSON CITY, NV 89701	88-0212354	501(C)3	19,215.	0.			PROVIDE COMPREHENSIVE TREATMENT SPECIFIC TO METHAMPHETAMINE USE	
F.I.S.H. OF CARSON CITY 138 E LONG STREET CARSON CITY, NV 89706	94-2590904	501(C)3	11,136.	0.			PROVIDE EMERGENCY FOOD AND MEDICAL REFERRAL SERVICES	
2 Enter total number of Section 501(c)(3) and government organizations								▶
3 Enter total number of other organizations								▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization **UNITED WAY OF NORTHERN NEVADA AND THE SIERRA**

Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY COUNSELING SERVICES 575 E PLUMB LANE RENO, NV 89502	88-0090713	501(C)3	77,800.	0.			PROVIDE LOW-COST COUNSELING AND COMPREHENSIVE SEXUAL ABUSE TREATMENT
FAMILY PROMISE OF RENO/SPARKS P O BOX 20988 RENO, NV 89515	88-0441339	501(C)3	17,615.	0.			PROVIDES TRANSITIONAL SHELTER AND COMPREHENSIVE ASSISTANCE FOR FAMILIES
FAMILY SUPPORT COUNCIL OF DOUGLAS COUNTY - 1255 WATERLOO LANE SUITE A - MINDEN, NV 89423	88-0181824	501(C)3	17,332.	0.			NO-COST COMPREHENSIVE COUNSELING SERVICES AND SHELTER FOR DOMESTIC VIOLENCE VICTIMS
GIRL SCOUTS OF THE SIERRA NEVADA 605 WASHINGTON STREET RENO, NV 89503	88-0060580	501(C)3	29,245.	0.			AFTERSCHOOL PROGRAM FOR AT-RISK GIRLS, FINANCIAL ASSISTANCE FOR GIRLS IN LOW-INCOME FAMILIES
HEALTH ACCESS WASHOE COUNTY 1055 SOUTH WELLS AVE SUITE 110 RENO, NV 89502	88-0293149	501(C)3	40,403.	0.			PROVIDES DENTAL AND HEALTH CARE FOR THE UNDERSERVED, UNINSURED, AND HOMELESS
NEVADA HISPANIC SERVICES 3905 NEIL RD RENO, NV 89502	88-0137317	501(C)3	46,500.	0.			ASSIST NON-ENGLISH SPEAKING AND IMMIGRANT POPULATIONS WITH MEDICAL AND SOCIAL SERVICES
NORTHERN NEVADA CENTER FOR INDEPENDENT LIVING - 999 PYRAMID WAY - SPARKS, NV 89431	88-0180856	501(C)3	20,000.	0.			PROVIDE INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES BASIC NEEDS AND SERVICES
NORTHERN NEVADA RAVE FAMILY FOUNDATION - 1708 H STREET - SPARKS, NV 89431	94-3236921	501(C)3	20,000.	0.			PROVIDE RESPITE CARE FOR FAMILIES WITH CHILDREN WITH DISABILITIES AND SPECIAL NEEDS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

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Employer identification number
88-0059327

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE 455 W 5TH STREET RENO, NV 89503	94-1583439	501(C)3	27,038.	0.			YOUTH DEVELOPMENT MODEL THAT PROVIDES SUPPORT GROUPS FOR AT RISK TEENAGE GIRLS
PROJECT MANA 948 INCLINE WAY INCLINE VILLAGE, NV 89451	94-3149718	501(C)3	5,250.	0.			PROVIDES BASIC NUTRITION, EMERGENCY FOOD, AND FOOD DELIVERY FOR THOSE IN NEED OF ASSISTANCE
R.S.V.P. NEVADA RURAL COUNTIES 800 HASKELL STREET RENO, NV 89509	94-3164032	501(C)3	10,953.	0.			PROVIDE BASIC NEEDS AND HOME COMPANIONS FOR LOW-INCOME AND HOMEBOUND SENIORS IN RURAL AREAS
RESTART INC 335 RECORD STREET SUITE 155 RENO, NV 89512	88-0272955	501(C)3	56,360.	0.			PROVIDE SERVICES TO HOMELESS AND AT-RISK INDIVIDUALS AND FAMILIES WITH MENTAL ILLNESS
RIDGE HOUSE INC 944 WEST 1ST STREET RENO, NV 89503	94-2838340	501(C)3	17,067.	0.			PROVIDE SERVICES TO FORMER OFFENDERS SUFFERING FROM ALCOHOLISM AND ADDICTION
SAINT MARY'S FOUNDATION 520 WEST 6TH STREET RENO, NV 89503	88-0188386	501(C)3	39,457.	0.			PROVIDE MEDICAL AND SOCIAL SERVICES TO SENIORS AND CHILDREN IN LOW-INCOME AREAS
SOUTH LAKE TAHOE FAMILY RESOURCE CENTER - 3501 SPRUCE AVE STE B - SOUTH LAKE TAHOE, CA 96150	94-2284118	501(C)3	5,000.	0.			AN AFTERSCHOOL TUTORING PROGRAM THAT ENRICHES THE LIVES OF CHILDREN THROUGH ACADEMICS
STEP 1 1015 NORTH SIERRA STREET RENO, NV 89503	88-0283683	501(C)3	13,633.	0.			TRANSITIONAL HOUSING AND SUPPORT SERVICES TO ADULT MEN DIAGNOSED WITH SUBSTANCE ABUSE DISORDER

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
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STEP 2 3695 KINGS ROW RENO, NV 89503	94-3025207	501(C)3	40,000.	0.			SUPPORT SERVICES FOR RECOVERING WOMEN AND THEIR FAMILIES
WASHOE ARC 790 SUTRO STREET RENO, NV 89512	88-0089002	501(C)3	20,000.	0.			PROVIDE TRANSITION FOR HIGH SCHOOL STUDENTS WITH SIGNIFICANT INTELLECTUAL DISABILITIES TO WORK
WASHOE LEGAL SERVICES 650 TAHOE STREET RENO, NV 89509	88-6005362	501(C)3	9,015.	0.			PROVIDE LEGAL REPRESENTATION FOR ABUSED AND NEGLECTED CHILDREN
YMCA OF THE SIERRA-RENO FAMILY 850 BARING BLVD SPARKS, NV 89431	88-0065864	501(C)3	7,500.	0.			QUALITY CHILDCARE PROGRAMS FOR KIDS AGES 5-14 AND FINANCIAL ASSISTANCE TO FAMILIES

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
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Name of the organization

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AND THE SIERRA

Employer identification number
88-0059327

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES OFFERED BY UNITED WAY OF NORTHERN NEVADA AND THE
SIERRA INCLUDE: COMMUNITY IMPACT INITIATIVES, CAPACITY BUILDING
PROGRAMS E.G. TRAINING AND WORKSHOPS FOR 501(C)(3) AGENCIES, VOLUNTEER
DEVELOPMENT, CREATION AND CIRCULATION OF RESEARCH-BASED ISSUES PAPERS,
COMMUNITY BUILDING EFFORTS WITH INDIVIDUALS, NEIGHBORHOODS, BUSINESSES,
NONPROFITS, GOVERNMENT, FAITH-BASED GROUPS, AND LABOR.

EXPENSES \$ 377434. INCLUDING GRANTS OF \$ 0. REVENUE \$ 108699.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE DRAFT FORM 990 IS
PROVIDED TO THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND THE FULL BOARD
FOR REVIEW AND APPROVAL PRIOR TO ITS ISSUANCE TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS MUST ANNUALLY
COMPLETE A CONFLICT OF INTEREST STATEMENT. AN OUTSIDE PERSON IS ASSIGNED
AS THE ETHICS LIAISON TO COMMUNICATE AND ELIMINATE ALL SUCH CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD ASSIGNED THE
RESPONSIBILITY OF REVIEWING THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES TO THE
EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS COMPARABLE SALARIES PAID BY
OTHER SIMILAR ORGANIZATIONS THROUGH DATA IN GUIDE STAR.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILIABLE ON THE
WEB SITE, THE 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

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Employer identification number
88-0059327

ARE AVAILABLE ON THE WEB SITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE
UPON REQUEST.

FORM 990, PART XI, ITEM 2 C - FINANCIAL STATEMENTS AND REPORTING
OVERSIGHT OF THE AUDIT:

THE FINANCE COMMITTEE CURRENTLY OPERATES AS THE AUDIT COMMITTEE AND
MEETS WITH THE AUDITOR TO ADDRESS ANY SPECIFIC CONCERNS THAT ARISE. IN
ADDITION, THE AUDIT IS REVIEWED IN DRAFT WITH THE TREASURER, FINANCE
COMMITTEE, EXECUTIVE COMMITTEE, AND THE FULL BOARD.