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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 07-01-2018 , and ending 06-30-2019

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 E 200 SOUTH STE 300

SALT LAKE CITY, UT 84111

D Employer identification number

87-0227091

E Telephone number

(801) 736-8929

G Gross receipts \$ 16,809,073

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) 54

4 Number of independent voting members of the governing body (Part VI, line 1b) 53

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 117

6 Total number of volunteers (estimate if necessary) 6,964

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

7b Net unrelated business taxable income from Form 990-T, line 34 63,104

Revenue

8 Contributions and grants (Part VIII, line 1h) 14,632,175

9 Program service revenue (Part VIII, line 2g) 39,490

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 341,628

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 140,388

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,153,681

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,779,690

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,101,840

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

16b Total fundraising expenses (Part IX, column (D), line 25) 2,308,340

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,025,005

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 13,906,535

19 Revenue less expenses Subtract line 18 from line 12 1,247,146

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 27,975,400

21 Total liabilities (Part X, line 26) 7,937,786

22 Net assets or fund balances Subtract line 21 from line 20 20,037,614

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

Signature of officer

JAY FRANCIS BOARD CHAIR

2019-11-13

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

Firm's EIN 34-1878512

Phone no (801) 364-9300

Check if self-employed

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 (2018)

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 \$	7,164,442	including grants of \$	3,634,646	(Revenue \$	0)
See Additional Data						

4b	(Code) (Expenses \$	1,000,824	including grants of \$	1,000,000	(Revenue \$	0)
See Additional Data						

4c	(Code) (Expenses \$	1,631,691	including grants of \$		(Revenue \$	68,971)
See Additional Data						

	(Code) (Expenses \$	1,818,232	including grants of \$	1,818,232	(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 \$	1,818,232	including grants of \$	1,818,232	(Revenue \$	)

4e	Total program service expenses ▶	11,615,189				
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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	
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

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
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>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 5	
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	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	117			
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 (see instructions)				2b		No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
	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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?		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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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
LYNN SIMS 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 ☐

1

● 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

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

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

[illegible]

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	559,987	0	57,612

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 ▶ 4

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

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

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	411,426				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,719,350				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,282,408				
	g Noncash contributions included in lines 1a - 1f \$		368,674				
	h Total. Add lines 1a-1f ▶		13,413,184				
Program Service Revenue	2a PROGRAM REVENUE		Business Code				
			900099	68,971	68,971		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		68,971				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		278,487				278,487
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,934,261				
	b Less cost or other basis and sales expenses		2,935,065				
	c Gain or (loss)		-804				
	d Net gain or (loss) ▶		-804				-804
	8a Gross income from fundraising events (not including \$ 411,426 of contributions reported on line 1c) See Part IV, line 18		a		72,988		
	b Less direct expenses		b		395,970		
	c Net income or (loss) from fundraising events ▶				-322,982		-322,982
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances		a				
	b Less cost of goods sold		b				
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS REVENUE		900099		41,182		41,182	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				41,182			
12 Total revenue. See Instructions ▶				13,478,038	68,971	0	-4,117

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,452,878	6,452,878		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	347,844		347,844	
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.	4,962,347	3,224,359	402,229	1,335,759
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	250,991	152,402	35,453	63,136
9 Other employee benefits.	473,039	287,231	66,817	118,991
10 Payroll taxes.	373,139	226,571	52,706	93,862
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,448	2,448		
c Accounting.	39,624		39,624	
d Lobbying.	24,611		24,611	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	63,991		63,991	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	429,233	309,143	2,467	117,623
12 Advertising and promotion.	268,482	177,312	81	91,089
13 Office expenses.	191,355	95,870	35,667	59,818
14 Information technology.	508,437	246,129	79,670	182,638
15 Royalties.				
16 Occupancy.	316,295	178,254	59,179	78,862
17 Travel.	25,599	19,586	3,492	2,521
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	154,308	93,091	27,576	33,641
20 Interest.				
21 Payments to affiliates.	133,009	75,605	20,348	37,056
22 Depreciation, depletion, and amortization.	81,615	47,764	10,431	23,420
23 Insurance.	38,930	20,460	7,699	10,771
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 DONATED GOODS	54,812			54,812
b MEMBERSHIPS & SUBSCRIPT	11,185	2,303	6,012	2,870
c AWARDS & GIFTS	9,084	3,783	3,830	1,471
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	15,213,256	11,615,189	1,289,727	2,308,340
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance 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	6,767,014	2	3,513,746
	3 Pledges and grants receivable, net	10,897,309	3	9,056,717
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	160,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,312	9	40,400
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 744,457		
	b Less: accumulated depreciation	10b 552,282	180,282	10c 192,175
	11 Investments—publicly traded securities	4,772,710	11	5,982,433
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	400,000	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,852,773	15	4,359,856
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,975,400	16	23,305,327	
Liabilities	17 Accounts payable and accrued expenses	727,544	17	807,346
	18 Grants payable	1,657,141	18	1,559,356
	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 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	5,386,571	23	4,288,718
	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	166,530	25	130,290
	26 Total liabilities. Add lines 17 through 25	7,937,786	26	6,785,710
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,274,877	27	8,982,820
	28 Temporarily restricted net assets	7,660,767	28	7,470,134
	29 Permanently restricted net assets	101,970	29	66,663
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,037,614	33	16,519,617	
34 Total liabilities and net assets/fund balances	27,975,400	34	23,305,327	

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	13,478,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,213,256
3	Revenue less expenses Subtract line 2 from line 1	3	-1,735,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,037,614
5	Net unrealized gains (losses) on investments	5	203,919
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,986,698
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,519,617

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☒ Separate basis ☐ Consolidated basis ☐ 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 (2018)

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:

UNITED WAY SUPPORTS PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH AND SAFETY. BASIC NEEDS SERVICES ARE VITAL TO INDIVIDUALS WITH CHRONIC CONDITIONS AND FOR INDIVIDUALS AND FAMILIES IN CRISIS NEEDING TEMPORARY SUPPORT. WHEN INDIVIDUALS ARE UNABLE TO MEET THEIR IMMEDIATE NEEDS, IT BECOMES MORE DIFFICULT TO FOCUS ON LONG-TERM GOALS SUCH AS EMPLOYMENT, HOUSING, OR EDUCATION. BASIC NEEDS SERVICES ARE CRITICAL TO GETTING PEOPLE BACK ON THEIR FEET AND ON THE ROAD TO SELF-SUFFICIENCY.

Form 990, Part III, Line 4c:

2-1-1 WAS ADOPTED IN UTAH IN 2002 AND BECAME A STATEWIDE RESOURCE IN 2005, ACQUIRED BY UNITED WAY OF SALT LAKE IN 2011, AND BORN OUT OF THE NEED FOR AN EASY-TO-REMEMBER TELEPHONE NUMBER THAT COULD REDUCE DUPLICATION AND HELP PEOPLE NAVIGATE UTAH'S HEALTH AND HUMAN SERVICE RESOURCES. 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, WE FOCUS ON PEOPLE WHO NEED HELP, PEOPLE WHO HELP PEOPLE WHO NEED HELP, AND PEOPLE WHO MAKE POLICY AND GIVE FUNDING FOR SERVICES USED BY PEOPLE WHO NEED HELP. 2-1-1 IS AVAILABLE 24/7, 365 DAYS A YEAR VIA PHONE, TEXT, CHAT, WEB, APP, EMAIL, AND SOCIAL MEDIA. IT IS FREE AND CONFIDENTIAL AND AVAILABLE VIA PHONE IN 200 LANGUAGES AND VIA TEXT IN ENGLISH AND IN SPANISH. THIS YEAR, 2-1-1 INTERACTED 56,030 TIMES WITH UTAHNS VIA PHONE, CHAT, EMAIL, AND TEXT AND RECEIVED 187,836 CLIENT INTERACTIONS THROUGH THE WEBSITE AND APP. IN ADDITION TO CLIENT INTERACTIONS, UNITED WAY 2-1-1 PROVIDED PARTNER ACCESS TO INFORMATION 33,241 TIMES.

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			
ALEX GUZMAN BOARD MEMBER	1 00	X						0	0	0
ART TURNER BOARD MEMBER	1 00	X						0	0	0
BENJAMIN M MCADAMS BOARD MEMBER	1 00	X						0	0	0
BILL CRIM PRESIDENT & CEO	50 00	X		X				190,137	0	14,482
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

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			
ER ZEKE DUMKE III BOARD MEMBER	1 00	X						0	0	0
H DAVID BURTON BOARD MEMBER	1 00	X						0	0	0
HEIDI WALKER 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
JEFFREY K LARSEN AUDIT CHAIR	1 00	X						0	0	0
JENNIFER C DANIELSON BOARD MEMBER	1 00	X						0	0	0
JOELLE STEWARD BOARD MEMBER	1 00	X						0	0	0
JOHN W MILLIKEN CI COUNCIL 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			
JORGE A FIERRO BOARD MEMBER	1 00	X						0	0	0
JOSE ENRIQUEZ BOARD MEMBER	1 00	X						0	0	0
KAREN KWAN BOARD MEMBER	1 00	X						0	0	0
KATHIE MILLER MAJOR GIFTS CHAIR	1 00	X						0	0	0
KEVIN J POTTS ADMIN FINANCE CO-CHAIR	1 00	X						0	0	0
KIEU FRISBY 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 GNAU BOARD MEMBER	1 00	X						0	0	0
MATT LYON BOARD MEMBER	1 00	X						0	0	0
MICHAEL ANGLIN BOARD MEMBER	1 00	X						0	0	0
MICHAEL D RASMUSON BOARD MEMBER	1 00	X						0	0	0
MICHAEL KIRBY BOARD MEMBER	1 00	X						0	0	0
MICHAEL P PETROGEORGE 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

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			
PAULA GREEN JOHNSON BOARD MEMBER	1 00	X						0	0	0
REBECCA CHAVEZ-HOUCK PUBLIC POLICY CHAIR	1 00	X						0	0	0
ROBERT CARPENTER 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 J MULVIHILL BOARD MEMBER	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

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			
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
WENDY WILLIAMS BOARD MEMBER	1 00	X						0	0	0
LYNN SIMS CHIEF FINANCIAL OFFICER	40 00			X				132,728	0	10,497
DANYA PASTUSZEK CHIEF OPERATING OFFICER	40 00					X		116,800	0	12,356
JERILYN STOWE CHIEF MARKETING & ENGAGEME	40 00					X		120,322	0	20,277

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNITED WAY OF SALT LAKE

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	17,051,278	12,144,781	12,735,870	15,055,973	13,416,125	70,404,027
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	17,051,278	12,144,781	12,735,870	15,055,973	13,416,125	70,404,027
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)						7,538,545
6	Public support. Subtract line 5 from line 4						62,865,482

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	17,051,278	12,144,781	12,735,870	15,055,973	13,416,125	70,404,027
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,299	181,762	174,976	181,471	278,487	995,995
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)						
11	Total support. Add lines 7 through 10						71,400,022
12	Gross receipts from related activities, etc (see instructions)					12	569,967
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 2018 (line 6, column (f) divided by line 11, column (f))	14	88 050 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	92 420 %
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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 ☐		
b	10%-facts-and-circumstances test—2017. 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 ☐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		
	11a	
	11b	
	11c	

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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
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>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ 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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 ☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

2018

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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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)	17,532													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	7,078													
c Total lobbying expenditures (add lines 1a and 1b)	24,610													
d Other exempt purpose expenditures	15,188,645													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,213,255													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	910,663													
<table><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)	227,666													
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?	☐ Yes ☐ 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	912,412	1,000,000	863,477	910,663	3,686,552
b Lobbying ceiling amount (150% of line 2a, column(e))					5,529,828
c Total lobbying expenditures	67,135	37,785	23,455	24,610	152,985
d Grassroots nontaxable amount	228,103	250,000	215,869	227,666	921,638
e Grassroots ceiling amount (150% of line 2d, column (e))					1,382,457
f Grassroots lobbying expenditures	28,335	27,782	13,867	17,532	87,516

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
------------------	-------------

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 the latest information.

OMB No 1545-0047

2018

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

► \$

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,577,186	1,483,195	1,353,095	1,323,264	1,302,531
b Contributions					
c Net investment earnings, gains, and losses	78,111	108,395	144,018	29,831	20,733
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	14,411	14,404	13,918		
g End of year balance	1,640,886	1,577,186	1,483,195	1,353,095	1,323,264

2

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

a

Board designated or quasi-endowment

72 150 %

b

Permanent endowment

3 060 %

c

Temporarily restricted endowment

24 790 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		154,033	93,115	60,918
d Equipment		590,424	459,167	131,257
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				192,175

Schedule D (Form 990) 2018

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	243,648
(3) SIB HB96 RECEIVABLE - STATE OF UTAH	4,081,010
(4) LEASE DEPOSIT	18,535
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	4,359,856

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE PAYOFF PAYABLE	130,290
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	130,290

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 ☒

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	12,272,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	203,919
b	Donated services and use of facilities	2b	76,735
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	395,970
e	Add lines 2a through 2d	2e	676,624
3	Subtract line 2e from line 1	3	11,595,815
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	63,991
b	Other (Describe in Part XIII)	4b	1,818,232
c	Add lines 4a and 4b	4c	1,882,223
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,478,038

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

1	Total expenses and losses per audited financial statements	1	15,790,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	76,735
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,382,668
e	Add lines 2a through 2d	2e	2,459,403
3	Subtract line 2e from line 1	3	13,331,033
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	63,991
b	Other (Describe in Part XIII)	4b	1,818,232
c	Add lines 4a and 4b	4c	1,882,223
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,213,256

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	
	Schedule D (Form 990) 2018

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 395,970

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,818,232

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS EXPENSE 395,970 PROVISION FOR UNCOLLECTIBLE PLEDGES 1,986,698

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,818,232

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities 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	OMB No 1545-0047
		2018
		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 ten 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		UW EVENTS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	484,414			484,414
	2 Less Contributions	411,426			411,426
	3 Gross income (line 1 minus line 2)	72,988			72,988
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	395,970			395,970
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				395,970
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-322,982

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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? ☐ Yes ☐ 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 ►

☐ Director/officer

☐ Employee

☐ 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? ☐ Yes ☐ 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

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

2018

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 81
- 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 990 FORMS, AS WELL AS SPECIFIC PROGRAM AND ORGANIZATIONAL BUDGETS.

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 WEST 200 S 3104 SALT LAKE CITY, UT 84101	84-1411225	501(C)(3)	25,000				FINANCIAL COUNSELING, MONEY MANAGEMENT
ABILITY FOUNDATION 2324 SOUTH 2700 WEST WEST VALLEY CITY, UT 84119	87-0504354	501(C)(3)	5,000				HUMAN SERVICES - MULTIPURPOSE

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
ALLIANCE HOUSE 1724 S MAIN STREET SALT LAKE CITY, UT 84115	74-2440617	501(C)(3)	10,000				MENTAL HEALTH TREATMENT
ASIAN ASSOCIATION OF UTAH 1588 S MAJOR STREET SALT LAKE CITY, UT 84115	87-0333555	501(C)(3)	50,000				ETHNIC/IMMIGRANT 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
BIG BROTHERS BIG SISTERS 151 EAST 5600 SOUTH STE 200 SALT LAKE CITY, UT 84107	87-0336168	501(C)(3)	190,000				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 EAST 150 NORTH BOUNTIFUL, UT 84010	84-1628459	501(C)(3)	20,000				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)	88,170				PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME BY INSTILLING VALUES OF SCOUT OATH AND LAW
BOYS AND GIRLS CLUB PO BOX 57071 MURRAY, UT 84157	87-0304654	501(C)(3)	60,000				AFTER-SCHOOL PROGRAMS, PROVIDE SAFE PLACES FOR KIDS TO GO DURING UNSUPERVISED HOURS, PROVIDE YOUTH WITH ADULT MENTORS AND LIFE-ENHANCING PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CANYONS SCHOOL DISTRICT 9361 SOUTH 300 EAST SANDY, UT 84070	45-2603900	GOV'T	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 745 EAST 300 SOUTH SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	60,000				HUMAN SERVICES - MULTIPURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDREN'S SERVICE SOCIETY 655 EAST 4500 SOUTH STE 200 SALT LAKE CITY, UT 84107	87-0212451	501(C)(3)	10,000				PROVIDES SERVICES TO FAMILIES, INDIVIDUALS, & COMMUNITY TO ENHANCE SAFETY & WELL-BEING OF CHILDREN & THEIR CAREGIVERS, ALL SERVICES HELP PREVENT CHILD ABUSE
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	10,000				HUMAN SERVICES - MULTIPURPOSE - FOOD BANKS, FOOD PANTRIES, THRIFT SHOPS - HUMANITARIAN CENTER/SERVICES

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

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CITY OF SOUTH SALT LAKE 220 E MORRIS AVE SOUTH SALT LAKE CITY, UT 84115		GOV'T	262,179				PROMISE SOUTH SALT LAKE
COMMUNITY ACTION PARTNERSHIP OF UTAH 230 SOUTH 500 WEST STE 260 SALT LAKE CITY, UT 84101	87-0509521	501(C)(3)	50,000				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 3600 S CONSTITUTION BLVD WEST VALLEY CITY, UT 84119	03-0543136	501(C)(3)	47,180				CHILDREN'S & YOUTH SERVICES - AFTERSCHOOL PROGRAMS, COMMUNITY EVENTS FOR WEST VALLEY FAMILIES & STUDENTS
COMMUNITY NURSING SERVICES 6949 HIGH TECH DR MIDVALE, UT 84047	87-0212459	501(C)(3)	85,000				HOME HEALTH CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMUNIDADES UNIDAS 1341 S STATE ST SUITE 211 SALT LAKE CITY, UT 84115	13-4257724	501(C)(3)	25,000				HUMAN SERVICES ORGANIZATION-ELIMINATE ETHNIC DISPARITIES BY PROMOTING GRASSROOTS OUTREACH, EDUCATION, & CAPACITY BUILDING, WORKS IN COMMUNITIES WITH HIGH PERCENTAGES OF IMMIGRANT FAMILIES
DAVIS BEHAVIORAL HEALTH 934 S MAIN ST 6 LAYTON, UT 84041	87-0430116	501(C)(3)	52,500				ALCOHOL, DRUG ABUSE TREATMENT, MENTAL HEALTH TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DAVIS SCHOOL DISTRICT 490 SOUTH 500 EAST KAYSVILLE, UT 84037	87-0386379	GOV'T	138,336				COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS
DCCAV-SAFE HARBOR SHELTER AND CRISIS CENTER PO BOX 772 KAYSVILLE, UT 84037	87-0516562	501(C)(3)	70,000				FAMILY VIOLENCE SHELTER AND SERVICES, VICTIMS' SERVICES, CHILDREN AND YOUTH SERVICES,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ENGLISH SKILLS LEARNING CENTER 631 W NORTH TEMPLE SUITE 70 SALT LAKE CITY, UT 84116	87-0467902	501(C)(3)	50,000				ADULT, CONTINUING EDUCATION, TRAINING & SUPERVISING VOLUNTEERS WHO TEACH ESL TO ADULT IMMIGRANTS & REFUGEES IN SLC
FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	20,000				PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE

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FIRST STEP HOUSE 750 WEST 400 NORTH SALT LAKE CITY, UT 84116	87-0290963	501(C)(3)	10,000				SUBSTANCE ABUSE DISORDER TREATMENT AND HOUSING
FOURTH STREET CLINIC- WASATCH HOMELESS HEALTH 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	45,000				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.							
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GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	GOV'T	124,714				EDUCATIONAL SERVICES AND SCHOOLS - OTHER, HELP PREPARE GRANITE SCHOOL STUDENTS WITH OPPOURTUNITES TO SUCCEED IN HIGHER EDUCATION, CAREER, & LIFE
GUADALUPE CENTER EDUCATIONAL PROGRAM INC 1385 NORTH 1200 WEST SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	185,182				HELPS SERVE THE EDUCATIONAL NEEDS OF DISADVANTAGED CHILDREN & ADULT IMMIGRANTS & REFUGEES ON SLC'S WEST SIDE

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
HOLY CROSS MINISTRIES 860 EAST 4500 SOUTH STE 204 SALT LAKE CITY, UT 84107	87-0359324	501(C)(3)	20,503				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 EAST 200 SOUTH SALT LAKE CITY, UT 84102	87-0255206	501(C)(3)	5,000				ALCOHOL, DRUG ABUSE TREATMENT, ADDICTION RECOVERY & BEHAVIORAL HEALTH SERVICES

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

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INTERNATIONAL RESCUE COMMITTEE 1800 S WEST TEMPLE SUITE 421 SALT LAKE CITY, UT 84115	13-5660870	501(C)(3)	75,000				INTERNATIONAL RELIEF, INTERNATIONAL DEVELOPMENT RELIEF SERVICES, INTERNATIONAL MIGRATION, REFUGEE ISSUES
JEWISH FAMILY SERVICE 1111 BRICKYARD RD 218 SALT LAKE CITY, UT 84106	87-0227089	501(C)(3)	10,000				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

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JUNIOR ACHIEVEMENT 515 EAST 100 SOUTH 200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	40,000				EDUCATIONAL SERVICES & SCHOOLS - OTHER, EDUCATION, BUSINESS, ENTERPRISE
KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	87-6125177	501(C)(3)	5,000				DEVELOPMENTALLY DISABLED SERVICES/CENTERS, HEALTH - GENERAL& REHAB, YOUTH DEVELOPMENT PROGRAMS

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

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LATINOS IN ACTION 688 E UNION SQUARE SANDY, UT 84070	26-4304427	501(C)(3)	107,706				EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE OF GRADUATING FROM COLLEGE
LEGAL AID SOCIETY OF SALT LAKE 205 NORTH 400 WEST SALT LAKE CITY, UT 84111	87-0212457	501(C)(3)	65,000				LEGAL SERVICES, PROTECTION AGAINST & PREVENTION OF NEGLECT, ABUSE, EXPLOITATION,

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MALIEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84103	20-2313461	501(C)(3)	20,000				AMBULATORY HEALTH CENTER, COMMUNITY CLINIC, PROVIDES FREE MEDICAL SERVICES FOR UNINSURED INDIVIDUALS & LOW INCOME FAMILIES
MIDTOWN HEALTH CLINIC 2240 ADAMS AVE OGDEN, UT 84401	87-0540039	501(C)(3)	25,000				HEALTH SERVICES TO UNDERSERVED COMMUNITIES WITH LIMITED ACCESS TO HEALTHCARE

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MIDVALE CITY-MIDVALE COMMUNITY BUILDING 49 W CENTER ST MIDVALE, UT 84047	46-0548747	501(C)(3)	10,000				PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR LOW-TO-MODERATE INCOME FAMILIES OF MIDVALE CITY & SURROUNDING AREAS
MOUNTAINLANDS COMMUNITY HOUSING TRUST 1960 SIDEWINDER DR PARK CITY, UT 84060	87-0514438	501(C)(3)	5,000				ADDRESS THE DUAL PROBLEMS OF HOUSING AFFORDABILITY & AVAILABILITY ON ACQUISITION & NEW CONSTRUCTION OF AFFORDABLE HOUSING, DIRECT ASSISTANCE IN SECURING HOUSING, & NEEDED BASIC SERVICES

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NATIONAL ALLIANCE ON MENTAL ILLNESS UTAH 450 SOUTH 900 EAST STE 160 SALT LAKE CITY, UT 84102	87-0432972	501(C)(3)	20,000				MENTAL HEALTH ASSOCIATION - MULTIPURPOSE
NEIGHBORHOOD HOUSE ASSOCIATION 1050 WEST 500 SOUTH SALT LAKE CITY, UT 84104	87-0212462	501(C)(3)	60,000				CHILD DAY CARE, QUALITY/AFFORDABLE DAY CARE & SUPPORT SERVICES TO LOW-INCOME CHILDREN & ADULTS

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ODYSSEY HOUSE 344 EAST 100 SOUTH SALT LAKE CITY, UT 84111	87-0292487	501(C)(3)	45,000				ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTION & TREATMENT
OPEN DOORS - FORMERLY FAMILY CONNECTION CENTER 1360 EAST 1450 SOUTH CLEARFIELD, UT 84015	87-0421105	501(C)(3)	105,000				EMPOWER INDIVIDUALS & FAMILIES TO OVERCOME ABUSE & POVERTY, & TO ATTAIN SELF-RELIANCE

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PARK CITY EDUCATION FOUNDATION PO BOX 681422 PARK CITY, UT 84068	74-2552454	501(C)(3)	160,355				VOCATIONAL TECHNICAL, RAISE CAPTIAL TO SUPPORT HIGH-IMPARCT PROGRAMS THAT ADVANCE STUDENT ACHIEVEMENT
PEACE HOUSE PO BOX 682141 PARK CITY, UT 84068	87-0500067	501(C)(3)	10,000				VICTIMS' SERVICES, HOT LINE, CRISIS INTERVENTION, OTHER HOUSING SUPPORT SERVICES

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PEOPLE'S HEALTH CLINIC PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	25,000				HEALTH TREATMENT FACILITIES, HEALTH-GENERAL & REHAB
POLIZZI FOUNDATION 515 EAST 4500 SOUTH STE G220 SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	5,000				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

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RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0308785	501(C)(3)	10,000				RAPE VICTIM SERVICES, COUNSELING SUPPORT GROUPS, VICTIMS' SERVICES
SALT LAKE COUNTY YOUTH SERVICES 177 W PRICE AVE SALT LAKE CITY, UT 84115		GOV'T	165,602				COLLECTIVE IMPACT

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SOUTH VALLEY SERVICES FORMELY SOUTH VALLEY SANCTUARY PO BOX 1028 WEST JORDAN, UT 84084	87-0543219	501(C)(3)	5,000				FAMILY VIOLENCE SHELTERS & SERVICES
THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	75,000				BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

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THE HAVEN 974 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	23-7043339	501(C)(3)	10,000				ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTTION & TREATMENT
THE INN BETWEEN 1216 EAST 1300 SOUTH SALT LAKE CITY, UT 84105	47-2329595	501(C)(3)	5,000				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

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THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 84068	30-0171971		25,000				CREATE AN ENDURING PHILANTHROPIC COMMUNITY FOR ALL THE PEOPLE OF PARK CITY
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

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THE SHARING PLACE 1695 EAST 3300 SOUTH SALT LAKE CITY, UT 84106	87-0514353	501(C)(3)	5,000				PROVIDING A SAFE & CARING ENVIRONMENT WHERE CHILDREN, TEENS & THEIR FAMILIES WHO ARE GRIEVING THE DEATH OF A LOVED ONE MAY SHARE THEIR FEELINGS WHILE HEALING THEMSELVES
TURN COMMUNITY SERVICES INC 638 WILMINGTON AVE SALT LAKE CITY, UT 84106	87-0303448	501(C)(3)	10,000				DEVELOPMENTALLY DISABLED SERVICES/CENTERS, OTHER HOUSING SUPPORT SERVICES

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UNITED WAY OF UTAH COUNTY 148 NORTH 100 WEST PROVO, UT 84601	94-2851681	501(C)(3)	44,000				FUND RAISING AND/OR FUND DISTRIBUTION, COMMUNITY SERVICES, COMMUNITY IMPACT
UNIVERSITY OF UTAH READING CLINIC 5242 COLLEGE DR SALT LAKE CITY, UT 84123	87-6000525	GOV'T	100,000				PROGRAM ASSISTANCE

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UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY, UT 84105	87-0455172	501(C)(3)	5,000				HEALTH, EMPOWER MEMBERS OF THE COMMUNITY TO PROTECT THEIR HEALTH AND PROVIDE LEADERSHIP IN HIV
UTAH COMMUNITY ACTION 1307 SOUTH 900 WEST SALT LAKE CITY, UT 84102	87-0269683	501(C)(3)	300,000				HUMAN SERVICES ORGANIZATION, EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH), KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL, EARLY ADMISSIONS

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UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	45,000				EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH), FOOD BANKS/PANTRIES, PUBLIC, SOCIETY BENEFIT-MULTIPURPOSE
UTAH HEALTH AND HUMAN RIGHTS PROJECT 225 SOUTH 200 EAST STE 250 SALT LAKE CITY, UT 84111	20-3901845	501(C)(3)	10,000				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)	90,000				ALLIANCE/ ADVOCACY ORGANIZATIONS, ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDER-SERVED UTAHNS THROUGH BETTER ACCESS, EDUCATION, & PUBLIC POLICY
UTAH LEGAL SERVICES 205 NORTH 400 WEST SALT LAKE CITY, UT 84103	87-0298910	501(C)(3)	45,000				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 OFFICE OF GUARDIAN AD LITEMCASA 450 S STATE ST SALT LAKE CITY, UT 84114		GOV'T	5,000				PUBLIC, SOCIETY BENEFIT-MULTIPURPOSE AND OTHER
UTAH PARTNERS FOR HEALTH 3665 SOUTH 8400 WEST MAGNA, UT 84044	27-0218004	501(C)(3)	244,993				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 EAST 400 SOUTH 407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	25,000				ALLIANCE/ADVOCACY ORGANIZATIONS, AGRICULTURAL, YOUTH DEVELOPMENT, INCREASE ACCESS TO FOOD THROUGH ADVOCACY, OUTREACH, & EDUCATION
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

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
VOLUNTEERS OF AMERICA UTAH 435 W BEARCAT DR SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	95,000				BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
YMCA OF NORTHERN UTAH 3216 S HIGHLAND DR STE 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	25,000				PROVIDE COMMUNITIES WITH EXPERIENCES THAT ENHANCE HEALTHY MIND, BODY, & SPIRIT IN WHICH WE STRIVE TO BUILD STRONG KIDS, FAMILIES, AN COMMUNITIES

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
YWCA OF SALT LAKE CITY 344 E BROADWAY SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	95,000				FAMILY VIOLENCE SHELTERS AND SERVICES, VICTIMS' SERVICES, CHILD DAY CARE
UTAH AFTERSCHOOL NETWORK 254 S 600 E 200 SALT LAKE CITY, UT 84102	76-0820361	501(C)(3)	40,000				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

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 DECIDES HEALTHCARE 10 W 100 S STE 300 SALT LAKE CITY, UT 84101		GOV'T	75,000				PROPOSITION 3, ON THE BALLOT THIS NOVEMBER, IS AN EXPANSION OF THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY THE UTAH STATE AND FEDERAL GOVERNMENT IF PASSED, AN ADDITIONAL 150,000 UTAHNS WILL HAVE ACCESS TO AFFORDABLE HEALTHCARE THROUGH MEDICAID, AND IT WILL BRING \$800 MILLION OF FEDERAL TAX DOLLARS UTAHNS ALREADY PAY BACK INTO OUR STATE TO PAY FOR THE EXPANSION THE EXPANSION WILL ADD APPROXIMATELY 14,000 NEW JOBS, AND THIS NEW ECONOMIC ACTIVITY WILL ADD \$1.7 BILLION TO UTAH'S ECONOMY
OUR SCHOOLS NOW INC 21 G ST SALT LAKE CITY, UT 84103		GOV'T	50,000				THIS WAS TO PROPOSE TO ENACT THE TEACHER AND STUDENT SUCCESS ACT

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
DAVIS COUNTY HEALTH DEPARTMENT PO BOX 618 FARMINGTON, UT 84025	94-2842695	GOV'T	5,000				OUR MISSION IS TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF DAVIS COUNTY RESIDENTS AND THEIR ENVIRONMENT
FAMILY PROMISE 814 W 800 S SALT LAKE CITY, UT 84104	87-0547916	501(C)(3)	5,000				FAMILY PROMISE-SALT LAKE IS AN INTERFAITH ALLIANCE HELPING CHILDREN AND FAMILIES EXPERIENCING HOMELESSNESS ACHIEVE LASTING SELF-SUFFICIENCY

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
SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W STE 128 SALT LAKE CITY, UT 84104	87-0482710	501(C)(3)	5,000				SALT LAKE DONATED DENTAL SERVICES' MISSION IS TO RELIEVE DENTAL PAIN AND SUFFERING WHILE PRESERVING ORAL HEALTH THROUGH PREVENTATIVE EDUCATION AND COMPREHENSIVE TREATMENT FOR THOSE WITH NO OTHER ACCESS TO DENTAL CARE
URBAN INDIAN CENTER OF SALT LAKE 120 W 1300 S SALT LAKE CITY, UT 84115	87-0392380	501(C)(3)	5,000				THE MISSION OF URBAN INDIAN CENTER OF SALT LAKE IS TO PRESERVE THE HERITAGE OF AMERICAN INDIANS AND ALASKAN NATIVES AS WELL AS TO ENHANCE THE WELL BEING AND STRENGTHEN THE FUTURE OF THE PEOPLE

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
VALLEY MENTAL HEALTH INC DBA VALLEY BEHAVIORAL HEALTH 4460 S HIGHLAND DR STE 200 SALT LAKE CITY, UT 84124	94-2938348	501(C)(3)	50,000				TO PROVIDE AND ADMINISTER MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES FOR THE SALT LAKE, SUMMIT AND TOOELE COUNTY, UTAH AREAS
CSME - UBEE'S STEM PROGRAM - 02 (SUMMER 2019) 155 S 1452 E RM 452 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	7,584				UBEE'S SCIENCE & MATH PROGRAM

Schedule J (Form 990)	Compensation Information 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.	OMB No 1545-0047
		2018
		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
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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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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 in 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.			
☒ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ 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.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF SALT LAKE

Employer identification number
87-0227091

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PETER RODRIGUEZ	BOARD MEMBER		A FAMILY MEMBER PROVIDES SECURITY SERVICES TO THE ORGANIZATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF SALT LAKE

Employer identification number
87-0227091

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	313,862	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>VARIOUS NONCASH DONATIONS</u>)	X	70	54,812	COMPARABLE SALES
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

32a

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	NONCASH DONATIONS OF STOCK ARE PROCESSED AND SOLD BY THE ORGANIZATION'S BROKERAGE FIRM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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

2018

**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, THE GOVERNANCE COMMITTEE, 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 AN ANNUAL COMPENSATION STUDY PREPARED BY UWSL'S TRADE ASSOCIATION, UNITED WAY WORLDWIDE 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 ITS WEBSITE UNDER THE "ABOUT US", "ACCOUNTABILITY" MENU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PROVISION FOR UNCOLLECTIBLE PLEDGES -1,986,698