Department of the

Return of Organization Exempt From Income Tax

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

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

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493112011121

2019

Open to Public Inspection

| | | nue Service | | | | | | _ | _ | | | | | | | | | | _ | | | | | | | | | | | | |
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| | | | | ir year, o e of organi: | or tax year zation | begini | nnir | ıng | g (| 07- | -01- | -201 | 19 | , a | and | end | ıng (| ს 6- | -30 | -202 | U | | 1 n | Em: | plov | er ide | ntifi | catio | n num | ber | |
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| Pa | art I | Sum | mary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|) I | <u> </u> | NITH MAN | NY TO C | CREATE A | BETTER CO | MMUN] | VITY | <u> </u> | _FC | OR A | <u>ALL.</u> | | | | | | | | | | | | | | | | | | | | |
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| Activities & | l | | | | oting memb | | | | | | | | | | | | | | | | | | | | | | 4 | | | | 19 |
| <u> X</u> | 5 | Total nun | mber of | individua | ıls employed | d in cal | len | :nda | dar | r yea | ar 2 | 2019 |) (Pa | art ' | V, li | ne 2 | (a) | | | | | | | | | | 5 | | | | 34 |
| ACI | 6 | Total nun | mber of | voluntee | rs (estimate | if nec | cess | ssa | ary | y) | | • | | | • | • | | • | | | ٠ | | | | | | 6 | | | 2, | 263 |
| | ı | | | | revenue froi | | | | | | | . , | | | | | | | | | • | • | • | | | - | 7a | | | | 0 |
| | b | Net unrel | lated bu | usiness ta | xable incom | ne from | m F | For | orm — | n 99 | 90-T | Γ, lin | 1e 3 | 9 | • | • | • | • | • | <u>. </u> | • | | | | | | 7b | | | | |
| | R | Contribut | tions an | nd arants | (Part VIII, lir | ne 1h) | ١ | | | | | | | | | | | | | | | РП | | Year 15,8 | | 849 | | Curi | ent Y | ear),883, | 929 |
| | l | | | - | • | , | | | | | | | | | | | | | | | | | | | 01,3 | | | | | 180, | |
| Ravenue | l | Program service revenue (Part VIII, line 2g) | | | | | | | | -+ | 9 | | 995 | | | | | | | | | | | | | | | | | | |
| <u>т</u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 110,022 | | | | | | | | | | | | | | ,459 | | | | | | | | | | | | | | | |
| | 12 | Total rev | enue—a | add lines | 8 through 1 | 1 (mus | ıst e | t ec | :qu | ıal F | Part | . VIII, | , col | lum | nn (A | ۱), li | ine 1 | 2) | | | | | | 16,3 | 08,3 | 310 | | | 11 | ,163, | ,397 |
| | l | | ints and similar amounts paid (Part IX, column (A), lines 1–3) | | | | | | | | | | 387 | 7,591,97 | | | | | | | | | | | | | | | | | |
| | l | | s paid to or for members (Part IX, column (A), line 4) | | | | | | | | | 227 | 1 000 0 | | | 0 | | | | | | | | | | | | | | | |
| Expenses | l | | | | tion, employ ees (Part IX | • | | | | | | | | | | iine | S 5- | 10) |) | | | | | 1,9 | 40,9 | 92/ | | | | .,838, | ,893, |
| 9 | | | | _ | ees (Fait ix art IX, colum | | | | | | | | | | • | | • | | | | | | | | | | | | | 52, | 200 |
| 짚 | l | | = | | column (A), | | | | | _ | | | | _ | _ | _ | | - | | | | | | 4,1 | 32,5 | 550 | | | | 2,013, | ,899 |
| | | | • | • | 13–17 (mu | | | | | | | | • | | | | | | | | | | | | | | | | | ,496, | |
| | 19 | Revenue | less ex | penses. S | Subtract line | 18 fro | om | n li | line | e 12 | 2. | | | | | | | | | | | 15,923,864 384,446 | | | 146 | + | | -333, | ,569 | | |
| Ce S | | | | | | | | | | | | | | | | | | | | Ве | ginı | ning | of C | urre | nt Y | ear | | En | l of Ye | ar | |
| Net Assets or Fund Balances | 20 | Total ass | ets (Pa | rt X. line | 16) | | | - | | - | _ | _ | - | _ | | | _ | | | \vdash | | | | 11,3 | 88 | 202 | | | | ,594, | 470 |
| t Ass | l | | - | | ie 26) . . | | | | | | | | | | | · | | | | | | | | | 72, | | | | | ,112, | |
| ŞŽ | l | | • | • | es. Subtrac | | | | | | | | | | | | | | | | | | | | 15,9 | | | | | ,482, | |
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| D-: | J | P | rint/Typ | e preparer' | s name | | | Pre | rep | arer | r's si | ignat | :ure | | | | | | Da1 20 | te 21-04- | -08 | | | □ i | f | PTIN P01530 | 213 | : | | | |
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| Form | 990 (2019) | | | | | Page 2 |
|-------------------------|--|---|---|--|--|---|
| Pa | rt III Statement | of Program Servic | e Accomplis | hments | | |
| | Check if Sched | dule O contains a respo | nse or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly describe the o | rganization's mission: | | | | |
| VOLUTHE DINIT BETT AGEN | JNTEER BOARD OF DIR ORGANIZATION IS ONI E OUR COMMUNITY FOR A SER COMMUNITY FOR A NCY CAN SOLVE ALONE DS, VOLUNTEERS, AND | ECTORS. THE ORGANI E OF MORE THAN 1,20 IMPROVE PEOPLE'S L LL. UNITED WAY IS W THE ORGANIZATION SUPPORT TO SCALE T D FAMILIES FROM CRA | ZATION WAS IN 0 LOCAL, INDEP IVES. THE ORGA ORKING WITH A BRINGS STRAT HE WORK OF PA ADLE TO CAREEI | ICORPORATED IN 1957 IENDENT UNITED WAYS ANIZATION IS INNOVA IND THROUGH STRATE EGY AND OCTANE TO 1 ARTNERS IN THE COMM | NOT-FOR-PROFIT CORPORATION OF AND ITS OPERATIONS ARE PRIMA SACROSS THE COUNTRY. UNITED ITVE AND COLLABORATIVE IN THE GIC PARTNERS TO ADDRESS THE ITHE CONVERSATION, CREATING MILITY. WITH THESE PARTNERS, UNITY-BASED AGENDA. UNITED W | RILY IN CLARK COUNTY. WAY'S MISSION IS TO IR EFFORTS TO CREATE A SSSUES THAT NO ONE OMENTUM THROUGH INITED WAY IS |
| | | | | | | |
| 2 | the prior Form 990 or | · • | | vices during the year w | hich were not listed on | ☐ Yes ☑ No |
| 3 | services? | cease conducting, or m | | changes in how it cond | ucts, any program | ☐ Yes ☑ No |
| 4 | Section 501(c)(3) and | | ns are required | to report the amount of | largest program services, as meas of grants and allocations to others, | |
| 4a | (Code: See Additional Data |) (Expenses \$ | 5,979,856 | including grants of \$ | 4,520,721) (Revenue \$ |) |
| 4b | (Code: See Additional Data |) (Expenses \$ | 3,071,253 | including grants of \$ | 3,071,253) (Revenue \$ | 180,014) |
| 4c | (Code: See Additional Data |) (Expenses \$ | 477,563 | including grants of \$ |) (Revenue \$ |) |
| 4d | Other program servic | es (Describe in Schedu | ule O.) uding grants of | \$ |) (Revenue \$ | <u> </u> |
| 4e | Total program serv | | 9,528,6 | <u>'</u> | , (| |
| + € | rotar program serv | icc cxpeliaea r | 3,320,0 | , _ | | |

complete Schedule G, Part III .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

| Pai | t 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 3 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯 | 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 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? <i>If "Yes," complete Schedule D,</i> Part **J | 6 | Yes | |
| 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? <i>If "Yes," complete Schedule D,</i> 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 | Yes | |
| 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 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | 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 | |
| | 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 |
| | 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 2 | 11c | | No |
| | 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 | | No |
| е | 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 | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| | 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 | | No |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | Yes | |
| 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 19 | | No |

Νo

Yes

20a

20b

21

| rm s | 990 (2019) | | | Page 4 |
|------|---|-----|-----|---------------|
| Part | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| | 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 | Yes | |
| | 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 | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| | 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| | 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 24 | | N |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | No No |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 8 | 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 | |
| Pari | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | . ; | | |
| 4 - | Fortunation would be Day 2 of Forms 1000 Fortun 0 if a strong live is a second | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | 1 |
| U | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | 1 |

1c

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | rage 3 |
|----------|--|------------|-----|----------|
| | 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 | | | |
| L | this return | 2b | Yes | |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 103 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| 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 | | |
| 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). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No —— |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| С | 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 | | | |
| | | | | |
| е | 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 | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | , 9 | | |
| | 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | No |
| ^ | sponsoring organization have excess business holdings at any time during the year? | | | |
| | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 134 | | |
| 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | 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? | 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 |

| Pai | 8a, 8b, or 10b below, describe the | Disclosure For each "Yes" response to lines 2 circumstances, processes, or changes in Sched ponse or note to any line in this Part VI | ule O. See instructions. | " respo | onse to i | ines |
|-----|---|---|--------------------------------|------------|-----------|---------|
| Se | Section A. Governing Body and Man | agement | | | | |
| | | | | | Yes | No |
| 1a | <u> </u> | he governing body at the end of the tax year | 1a 19 | | | |
| | If there are material differences in voting body, or if the governing body delegated similar committee, explain in Schedule O | broad authority to an executive committee or | | | | |
| b | b Enter the number of voting members incl | uded in line 1a, above, who are independent | 1b 19 | | | |
| 2 | Did any officer, director, trustee, or key officer, director, trustee, or key employed | employee have a family relationship or a busine ? | ss relationship with any other | 2 | | No |
| 3 | | r management duties customarily performed by mployees to a management company or other p | | 3 | | No |
| 4 | • | changes to its governing documents since the | • | 4 | | No |
| 5 | • | nization's assets? . | 5 | | No | |
| 6 | • | | 6 | | No | |
| | members of the governing body? | kholders, or other persons who had the power t | | 7a | | No |
| b | persons other than the governing body? | nization reserved to (or subject to approval by) | | 7b | | No |
| 8 | 8 Did the organization contemporaneously the following: | document the meetings held or written actions | undertaken during the year by | | | |
| | a The governing body? | | | 8a | Yes | |
| b | b Each committee with authority to act on | pehalf of the governing body? | | 8b | Yes | |
| 9 | | key employee listed in Part VII, Section A, who corovide the names and addresses in Schedule C | | 9 | | No |
| Se | Section B. Policies (This Section B red | uests information about policies not requ | ired by the Internal Revenue | Code | | |
| | | (C) 1 2 | | | Yes | No |
| | Da Did the organization have local chapters, | · | | 10a | | No |
| | and branches to ensure their operations | n policies and procedures governing the activities are consistent with the organization's exempt procedure to the constant of | urposes? | 10b | | |
| | form? | copy of this Form 990 to all members of its go | | 11a | Yes | |
| | , · | y, used by the organization to review this Form | | 125 | Vas | |
| | - | ct of interest policy? If "No," go to line 13. | | 12a | Yes | |
| | conflicts? | key employees required to disclose annually int | | 12b | Yes | |
| | Schedule O how this was done | ently monitor and enforce compliance with the | | 12c | Yes | |
| 13 | • | ' ' | | 13 | Yes | |
| 14 | <u>-</u> | ment retention and destruction policy? | | 14 | Yes | |
| 15 | persons, comparability data, and contem | ation of the following persons include a review operaneous substantiation of the deliberation and | | | ., | |
| | a The organization's CEO, Executive Director | , , | | 15a 15b | Yes | No |
| Ь | b Other officers or key employees of the or If "Yes" to line 15a or 15b, describe the p | = | | 120 | | INO |
| 16- | | assets to, or participate in a joint venture or si | milar arrangement with a | | | |
| | taxable entity during the year? | | | 16a | | No |
| D | in joint venture arrangements under app | ten policy or procedure requiring the organizat icable federal tax law, and take steps to safegu ? | ard the organization's exempt | 16b | | |
| Se | Section C. Disclosure | | | 100 | | |
| 17 | | orm 990 is required to be filed▶ | | | | |
| 18 | Section 6104 requires an organization to | make its Form 1023 (or 1024-A if applicable), state how you made these available. Check all the | | | | |
| | | D Upon request D Other (explain in So | | | | |
| 19 | | o, how) the organization made its governing do | • | | | |
| 20 | O State the name, address, and telephone ►KAHOKU HENSON 5830 W FLAMINGO | number of the person who possesses the organ LAS VEGAS, NV 89103 (702) 892-2320 | ization's books and records: | | | |
| | | | | | | n /2010 |

Part VII

TREASURER

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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

| List all of the organization's former officers, of reportable compensation from the organization | n and any relate | ed orga | nizati | ons. | | | | • | | |
|--|---|-----------------------------------|-----------------------|--------------|-----------------------|------------------------------------|--------|--|--|---|
| List all of the organization's former director organization, more than \$10,000 of reportable co | | | | | | | | | | |
| See instructions for the order in which to list the | persons above. | | | | | | | | | |
| Check this box if neither the organization no | r any related or | ganizat | ion c | omp | ens | ated a | any | current officer, dire | ctor, or trustee. | |
| (A) Name and title | (B) Average hours per week (list any hours | pers | an on on is | e bo both | t cho x, u h an | eck m inless office ustee | ∍r | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | (W-2/1099- MISC) | organization and related organizations |
| (1) KYLE RAHN | 40.00 | | | × | | | | 169,984 | 0 | 15,163 |
| CEO | | | | | | | | 103,304 | 3 | 13,103 |
| (2) JOHN JOHNSON | 40.00 | | | × | | | | 87,899 | 0 | 10,203 |
| VP FINANCE T | | | | | | | | 07,059 | 0 | 10,203 |
| (3) JEFFREY KAHOKU HENSON | 40.00 | | | x | | | | 65.066 | 0 | 0.083 |
| VP FINANCE | | | | ^ | | | | 65,066 | O | 9,982 |
| (4) IRENE BUSTAMANTE ADAMS DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (5) SUSAN BEST DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (6) CHRIS BLASER DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (7) VR BOHMAN SECRETARY | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (8) PATTY CHARLTON DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (9) EDWARD GARCIA | 1.00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | | , | | | | | | Ů | | |
| (10) AKANSHA GUPTA DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (11) MORRIS JACKSON II DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (12) MIKE JEWELL DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (13) THOMAS KOVACH JR BOARD CHAIR | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (14) JERRIE MERRITT DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (15) ROY NAKAMURA DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (16) ANN SIMMONS NICHOLSON VICE CHAIR | 1.00 | х | | х | | | | 0 | 0 | 0 |
| (17) JOHN PAGE | 1.00 | х | | х | | | | 0 | 0 | 0 |

Page 8

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Former Individual trustee or director Officer employee Highest compensated organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) (18) KATHERINE RODEN 1.00 O DIRECTOR (19) KELLY SHAW 1.00 n DIRECTOR (20) MONTE SMITH 1.00 0 DIRECTOR (21) DENETTE SUDDETH 1.00 DIRECTOR (22) CLARK WOOD 1.00 DIRECTOR c Total from continuation sheets to Part VII, Section A . \blacktriangleright 322.949 35.348 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 Nο 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 DISCOVERY GARDENS CHILDCARE, CHILD CARE 623,107 4930 E BONANZA LAS VEGAS, NV 89110 THE MAGIC OF LEARNING LLC. CHILD CARE 155,049 709 E HORIZON DR STE 150 HENDERSON, NV 89015

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

compensation from the organization ▶ 2

| Part | VIII St | tatement | of F | Revenue | | | | | | - age 3 |
|--|---|-----------------------------------|------------|-----------------|-------------|------------------------|-------------------|-----------------------|------------------------|----------------------------------|
| | | | | | respo | nse or note to any | (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluded from |
| | | | | | | | | function revenue | revenue | tax under sections 512 - 514 |
| 0 | 1a Fede | rated campa | aigns | | 1a | | | revende | | 312 314 |
| Contributions, Gifts, Grants and Other Similar Amounts | b Mem | bership due | s. | . [| 1 b | | | | | |
| 9 E | c Fund | raising ever | nts . | . [| 1c | | | | | |
| fts, ir A | d Relat | ed organiza | ations | ; [| 1d | | | | | |
| 13. Gi | e Gover | nment grants | (con | tributions) | 1e | 966,634 | | | | |
| Sin | f All oth | ner contributio | ons, g | ifts, grants, | | _ | | | | |
| uti. | and similar amounts not included above g Noncash contributions included in | | | | 1f | 9,917,295 | | | | |
| Contributions, and Other Sim | g Nonca lines : | ash contributio 1a - 1f:\$ | ons in | cluded in | 1g | | | | | |
| Con | h Tota | I. Add lines | 1a-1 | f | | • | 40.002.020 | | | |
| | | | | | | Business Code | 10,883,929 | | | |
| | 2a MEETIN | IGS AND EVE | NTS | | | 624410 | 180,014 | 180,014 | | |
| ale | | | | | | 024410 | | | | |
| Program Service Revenue | b | | | | | | | | | |
| ಯ≛ ಯ | _ | | | | | | | | | |
| rvic | · | c | | | | | | | | |
| 33 | d | | | | | | | | | |
| gran | | | | | | | | | | |
| P | e | | | | | | | | | |
| _ | f All oth | er program | serv | ice revenue. | | | | | | |
| | 9 Total | . Add lines | 2a-2 | f | > | 180,014 | | | | |
| | | | | | ends, i | nterest, and other | 00 | 5 | | 995 |
| | similar amounts) | | | | npt bo | | | | | |
| | 5 Royaltie | es | | | | • | • | | | |
| | | | | (i) Rea | ıl | (ii) Personal | | | | |
| | 6a Gross | rents | 6a | | 65,050 | | | | | |
| | b Less: | | | | | | | | | |
| | expen: c Rental | | 6b | | | | | | | |
| | or (los | | 6 c | | 65,050 | | | | | |
| | d Net re | ental income | e or (| | | • • • | 65,05 | 0 | | 65,050 |
| | 7- Cross a | mount | | (i) Securi | ties | (ii) Other | | | | |
| | 7a Gross a from sa assets | les of | 7a | | | | | | | |
| | | ventory | | | | | | | | |
| | b Less: co | ost or asis and | 7b | | | | | | | |
| | sales e | xpenses | | | | | _ | | | |
| | c Gain or | | 7c | | | | | | | |
| | | | | | | | | | | |
| ē | (not inc | ncome from fo cluding \$ | | of | | | | | | |
| E E | | utions reporte art IV, line 18 | | | | | | | | |
| Re | | , direct exper | | | 8a 8b | | _ | | | |
| Other Revenue | | | | om fundrais | | ents • | _ | | | |
| ‡ 0 | 0-0 | | _ | | | · · | | | | |
| | See Pa | income from art IV, line 19 | gamı | ing activities. | 9a | | | | | |
| | b Less: | direct exper | nses | | 9b | | | | | |
| | c Net in | come or (los | ss) fr | om gaming | activiti | es 🕨 | | | | |
| | 10aGross | sales of inv | entor | v less | | | | | | |
| | return | s and allowa | ances | y, less | 10a | | | | | |
| | b Less: | cost of good | ls sol | d | 10 b | | | | | |
| | | | | om sales of | invent | | | | | |
| | | Miscellaneo ELLANEOUS | | evenue | | Business Code 54190 | 33,40 | 9 | | 33,409 |
| | MISC | LLLANEOUS | , | | | 3-170 | 33,40 | | | 33,409 |
| | ь | | | | | | | | | |
| | - | | | | | | | | | |
| | с —— | | | | | | | | | |
| | | | | | | | | | | |
| | d All oth | er revenue | | | | | | | | |
| | e Total. | Add lines 1 | .1a-1 | l1d | | • | 33,40 | 9 | | |
| | 12 Total | revenue. S | See ir | structions . | | | · | | | |
| | | | | | | | 11,163,39 | 7 180,014 | <u> </u> | 99,454 Form 990 (2019) |

| Form 990 (2019) | | | | Page 10 |
|--|------------------------|-----------------------------|------------------------------------|-------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must co | | _ | | mn (A). |
| Check if Schedule O contains a response or note to an | y line in this Part IX | (B) | (C) | ⊔ (D) |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,700,157 | 2,700,157 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,891,817 | 4,891,817 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | _ |
| 5 Compensation of current officers, directors, trustees, and key employees | 282,642 | 63,601 | 155,440 | 63,601 |
| 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 | 1,275,614 | 526,465 | 251,329 | 497,820 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 27,565 | 12,097 | 4,077 | 11,391 |
| 9 Other employee benefits | 126,953 | 52,029 | 25,662 | 49,262 |
| 10 Payroll taxes | 126,119 | 48,171 | 32,142 | 45,806 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 29,500 | | 29,500 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 52,200 | | | 52,200 |
| f Investment management fees | 65 | | 65 | · |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 330,834 | 266,033 | 20,202 | 44,599 |
| 12 Advertising and promotion | 29,986 | 1,309 | 1,087 | 27,590 |
| 13 Office expenses | 471,293 | 208,780 | 112,894 | 149,619 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 109,700 | 43,959 | 28,379 | 37,362 |
| 17 Travel | 9,005 | 7,631 | 356 | 1,018 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | ., | | |
| 19 Conferences, conventions, and meetings | 88,610 | 75,094 | 3,499 | 10,017 |
| 20 Interest | 50,980 | 16,314 | 15,293 | 19,373 |
| 21 Payments to affiliates | 148,102 | 47,393 | 44,430 | 56,279 |
| 22 Depreciation, depletion, and amortization | 110,695 | 35,244 | 33,030 | 42,421 |
| 23 Insurance | 29,427 | 11,792 | 7,613 | 10,022 |
| 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 OTHER PROGRAM SUPPLIES | 274,254 | 274,254 | | |
| b DUES AND MEMBERSHIPS | 221,582 | 221,582 | | |
| c OUTREACH EVENTS | 84,927 | 11 | 674 | 84,242 |
| d COMMUNITY EVENT FEES | 24,939 | 24,939 | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 11,496,966 | 9,528,672 | 765,672 | 1,202,622 |
| 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). | | | | |

Form 990 (2019)

Page **11**

| Check if Schedule O contains a response or note to any line in this Part IX | | | 🛚 |
|---|--------------------------|---|---------------------------|
| | (A) Beginning of year | | (B) End of year |
| Cash-non-interest-bearing | 1,882,710 | 1 | 2,750,171 |

| | 2 | Savings and temporary cash investments | 1,067,183 | 2 | 1,054,077 |
|-----|---|--|-----------|---|-----------|
| | 3 | Pledges and grants receivable, net | 5,795,765 | 3 | 3,285,633 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| ets | 8 | Inventories for sale or use | | 8 | |

S

| As | 9 | Prepaid expenses and deferred charges | | | 38,590 | 9 | 11,330 |
|----|-----|--|----------|-----------|------------|-----|-----------|
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 3,465,016 | | | |
| | b | Less: accumulated depreciation | 10b | 971,757 | 2,603,954 | 10c | 2,493,259 |
| | 11 | Investments—publicly traded securities . | | 11 | | | |
| | 12 | Investments—other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line | 11 . | | | 13 | |
| | 14 | Intangible assets | | [| | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ual line | : 34) | 11,388,202 | 16 | 9,594,470 |
| | 17 | Accounts payable and accrued expenses | | | 3,470,782 | 17 | 2,162,718 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |

| | Ь | Less: accumulated depreciation | 10b | 971,757 | 2,603,954 | 10 c | 2,493,259 |
|------------|----|---|----------|--------------------------|------------|-------------|-----------|
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line | 11 . | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line | 11 . | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ual line | 34) | 11,388,202 | 16 | 9,594,470 |
| | 17 | Accounts payable and accrued expenses | | | 3,470,782 | 17 | 2,162,718 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 1,128,402 | 20 | 1,087,264 |
| Ś | 21 | Escrow or custodial account liability. Complete F | art IV | of Schedule D | | 21 | |
| iabilities | 22 | Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons . | butor, | or 35% controlled entity | | 22 | |

| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
|------------|----|--|------------|----|-----------|
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 11,388,202 | 16 | 9,594,470 |
| | 17 | Accounts payable and accrued expenses | 3,470,782 | 17 | 2,162,718 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 1,128,402 | 20 | 1,087,264 |
| Ś | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| iabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| ڌ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |

| ilitie | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity | | | |
|----------|----|--|-----------|----|-----------|
| ab Ei | | or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 310,000 |
| | 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 | 1,973,118 | 25 | 1,552,193 |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,572,302 | 26 | 5,112,175 |
| | | | | | |

| | | Complete Part X of Schedule D | | | |
|----------|----|---|------------|----|-----------|
| | 26 | Total liabilities. Add lines 17 through 25 | 6,572,302 | 26 | 5,112,175 |
| Balances | | Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. | | | |
| 13 | 27 | Net assets without donor restrictions | 3,236,994 | 27 | 3,427,548 |
| | 28 | Net assets with donor restrictions | 1,578,906 | 28 | 1,054,747 |
| Fund | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| Assets | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 4,815,900 | 32 | 4,482,295 |
| Net | 33 | Total liabilities and net assets/fund balances | 11,388,202 | 33 | 9,594,470 |

Form **990** (2019)

Additional Data

Software ID:

Software Version:

EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Form 990 (2019)

Form 990, Part III, Line 4a:

NEVADA READY IS UNITED WAY OF SOUTHERN NEVADA'S GRANT-FUNDED INITIATIVE TO SUPPORT THE IMPROVEMENT AND EXPANSION OF PRE-KINDERGARTEN SPACES WHILE PROVIDING CRITICAL WRAPAROUND SERVICES FOR VULNERABLE FAMILIES. IN 2019- 2020, UWSN PROVIDED 700 CHILDREN WITH FREE SPACES IN HIGH QUALITY EARLY EDUCATION PROGRAMS, AS WELL AS PROVIDING ESSENTIAL TEACHER TRAINING AND SUPPORTIVE SERVICES FOR LOCAL FAMILIES. UWSN HAS PARTNERED WITH 19 LOCAL EARLY EDUCATION CENTERS TO FUND EARLY CHILDHOOD EDUCATION CLASSROOMS DURING THIS 4-YEAR GRANT WITH THE GOAL OF HELPING CHILDREN LEARN TO READ. WRITE AND PROBLEM SOLVE SO THEY ARE READY FOR KINDERGARTEN. WINDSONG IS A UWSN GRANT-FUNDED PROGRAM FOCUSED ON CREATING

EARLY EDUCATION ACCESS FOR ALL CHILDREN IN SOUTHERN NEVADA. IN THE 2019-2020 FISCAL YEAR, UWSN PROVIDED SCHOLARSHIPS TO 25 CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A UWSN PARTNERSHIP CONNECTING LOW-INCOME FAMILIES WITH CASE MANAGEMENT AND SUPPORTIVE SERVICES ON-SITE. THE MAIN GOAL OF THE PROGRAM IS TO ELIMINATE BARRIERS THAT AFFECT LOW-INCOME FAMILIES AND PROVIDE THEM WITH OPPORTUNITIES FOR ENRICHMENT, SELF-SUFFICIENCY, AND EMPOWERMENT THROUGH A DUAL-GENERATION APPROACH. 100 FAMILIES PARTICIPATED IN THE PROGRAM WITH THE AIM OF CREATING FINANCIAL STABILITY AND STRENGTHENING THE WHOLE FAMILY FOR GENERATIONS TO COME.

Form 990, Part III, Line 4b:

INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

UNITED WAY OF SOUTHERN NEVADA WORKS TO EMPOWER THE COMMUNITY WITH COMMITTED PROGRAMS DEDICATED TO BUILDING UP A BASE OF LOCAL ADVOCATES FOR POSITIVE CHANGE, ADVOCATES PROVIDE INCREASED OPERATIONAL CAPACITY FOR LOCAL PROGRAMS BOTH THROUGH FISCAL AND HUMAN RESOURCES. THROUGH VOLUNTEERISM AND COLLABORATION, THESE ADVOCATES SET OUT TO CREATE REAL IMPACT IN SOUTHERN NEVADA AND ADDRESS LOCAL ISSUES IN A HANDS-ON EFFORT TO IMPROVE LIVES. VOLUNTEERISM - RECRUITING INDIVIDUALS AND ORGANIZATIONS TO ACHIEVE TANGIBLE RESULTS UWSN'S COMMUNITY ENGAGEMENT TEAM ACTIVELY ENGAGES COMMUNITY MEMBERS TO WORK HAND-IN-HAND WITH NONPROFIT ORGANIZATIONS TO FOSTER A STRONG AND VIBRANT SOUTHERN NEVADA. UWSN HELPED INSPIRE, EQUIP AND MOBILIZE PEOPLE TO CHANGE LIVES THROUGH VOLUNTEERISM. THE 2019-2020 VOLUNTEER ACCOMPLISHMENTS INCLUDE: -THE COMMUNITY ENGAGEMENT TEAM ENGAGED 2,810 VOLUNTEERS TO PROVIDE VOLUNTEER SERVICE TO AREA NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS. -ON OCTOBER 4, 2019, THE ORGANIZATION ONCE AGAIN BROUGHT THE COMMUNITY FOR DAY OF CARING, 1,106 VOLUNTEERS COMPLETED PROJECTS AT 35 LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN SOUTHERN NEVADA. IMMEDIATE NEEDS - MEETING THE BASIC NEEDS OF THE COMMUNITY UNITED WAY OF SOUTHERN NEVADA IS COMMITTED TO PROVIDING SERVICES TO ADDRESS THE NEEDS OF OUR COMMUNITY'S MOST VIII NERABLE POPULATIONS. WE WORK WITH OUR COMMUNITY PARTNERS TO PROVIDE FOOD, HOUSING, AND UTILITY ASSISTANCE TO THOSE IN NEED OF BASIC CARE AND ASSISTANCE THROUGH THE FOLLOWING PROGRAMS: -PROJECT REACH: UWSN, IN PARTNERSHIP WITH NV ENERGY AND LOCAL NONPROFITS, OPERATES PROJECT REACH (RELIEF THROUGH ENERGY ASSISTANCE TO PREVENT CUSTOMER HARDSHIPS). THIS PROGRAM HELPS VULNERABLE ADULTS OVER THE AGE OF 62 YEARS, MEDICALLY FRAGILE OR RESERVE AND NATIONAL GUARD MEMBERS WITH ANNUAL ENERGY PAYMENT ASSISTANCE -IMMEDIATE NEEDS: UWSN PARTNERS WITH LOCAL COMMUNITY SERVICES TO PROVIDE IMMEDIATE NEEDS ASSISTANCE AS THE SECRETARIAT OF THE EMERGENCY FOOD AND SHELTER PROGRAM FOR CLARK COUNTY, NEVADA. IN MARCH 2020, UWSN ESTABLISHED THE EMERGENCY ASSISTANCE AND COMMUNITY NEEDS FUND TO PROVIDE BASIC NEEDS ASSISTANCE FOR INDIVIDUALS AND FAMILIES AFFECTED BY THE COVID-19 PANDEMIC. THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -2.320 PEOPLE WERE ASSISTED WITH THEIR ENERGY BILLS. -MORE THAN 1.8 MILLION HAS BEEN PROVIDED FOR OUR COMMUNITY'S MOST VULNERABLE POPULATIONS THROUGH PROJECT REACH AND EMERGENCY FOOD AND SHELTER PROGRAM FUNDING. -UWSN HELPED 42,360 INDIVIDUALS WITH FOOD, SHELTER AND UTILITIES FROM MARCH 2020 TO JUNE 2020 THROUGH THE EMERGENCY ASSISTANCE AND COMMUNITY NEEDS FUND, DURING THE 2019-2020 CAMPAIGN, UWSN ALSO PROCESSED 3.071.253 IN DONOR- DESIGNATED FUNDS, DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. THE ORGANIZATION ACTS SIMPLY AS AN AGENT THAT COLLECTS, PROCESSES AND DISBURSES FUNDS. THE ORGANIZATION PROVIDES THIS SERVICE AS A CONVENIENCE TO OUR DONORS

AND BEING SEPARATE AND APART FROM OUR MISSION- ORIENTED FUNCTIONS, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH

RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-OUALITY CARE.

Form 990, Part III, Line 4c: COMMUNITY IMPACT INCLUDES COMMUNITY DISTRIBUTION DOLLARS FOR DONOR- DESIGNATED FUNDS, IMMEDIATE NEEDS SERVICES AND UNITED WAY OF SOUTHERN NEVADA'S COMMUNITY-BASED AGENDA WHICH REPRESENTS COMMUNITY PROJECTS FOCUSING ON SUPPORTING FAMILIES FROM CRADLE-TO-CAREER, EXPENSES INCLUDE GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES TO THE COMMUNITY PURSUANT TO THE PROGRAMS' CRITERIA AND OBJECTIVES, AND STAFF LABOR, THE COMMUNITY-BASED AGENDA INVOLVES THE PROCESS OF PLANNING AND INVESTING RESOURCES TO EFFECTIVELY ADDRESS HEALTH AND HUMAN SERVICE NEEDS AND INCLUDES OUTCOME MEASUREMENT, PLANNING AND PROBLEM-SOLVING. EARLY CHILDHOOD EDUCATION -- HELPING CHILDREN REACH THEIR POTENTIAL UWSN AND ITS PARTNERS PREPARE CHILDREN TO BE READY TO SUCCEED ONCE THEY REACH KINDERGARTEN. THE ORGANIZATION PROVIDES EARLY EDUCATION/PRE-KINDERGARTEN SCHOLARSHIPS, TRAINS CERTIFIED EDUCATORS, ENGAGES PARENTS, AND PROVIDES SUPPORTIVE SERVICES TO FAMILIES. BY USING RESEARCH-BASED CURRICULUM AND LONG-TERM EVALUATION TO UNDERSTAND WHAT REALLY WORKS, UWSN IS WORKING TO IMPROVE EARLY CHILDHOOD EDUCATION. EARLY CHILDHOOD EDUCATION PROGRAMS INCLUDE: -EARLY EDUCATION SCHOLARSHIPS: THROUGH NEVADA READY AND WINDSONG, CHILDREN RECEIVE A HIGH-OUALITY EARLY EDUCATION AT LOW OR NO COST WITH THE HELP OF GRANT-FUNDED SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENGAGE IN FAMILY LITERACY AND SCHOOL READINESS ACTIVITIES AT QUALITY PRESCHOOLS TO BUILD A SOLID ACADEMIC, SOCIAL AND EMOTIONAL FOUNDATION FOR THEIR CHILD TO SUCCEED. -SUNRISE CHILDREN'S FOUNDATION: UWSN FUNDS SUNRISE CHILDREN'S FOUNDATION'S HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPY) PROGRAM. HIPPY SUPPORTS HIGH RISK, ECONOMICALLY DISADVANTAGED FAMILIES AND THEIR CHILDREN BY WORKING DIRECTLY WITH PARENTS TO PREPARE THEIR CHILDREN FOR SUCCESS IN SCHOOL. INSTRUCTORS TEACH PARENTS TO ENGAGE THEIR CHILDREN IN DAILY LEARNING ACTIVITIES THAT PROMOTE LITERACY AND SCHOOL READINESS. THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -725 CHILDREN RECEIVED EARLY EDUCATION SCHOLARSHIPS TO GAIN A HIGH-QUALITY EARLY EDUCATION AT LOW OR NO COST TO THEIR FAMILIES. -30 FAMILIES WERE INSPIRED TO BECOME THEIR CHILDREN'S FIRST TEACHERS THROUGH THE HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS PROGRAM. STUDENT SUCCESS - BUILDING AN EDUCATIONAL FOUNDATION TO IMPROVE GRADUATION RATES IN CLARK COUNTY, PARTICULARLY IN THE REGION'S MOST DISADVANTAGED SCHOOLS, UWSN HELPS HIGH SCHOOL STUDENTS REACH GRADUATION DAY BY PROVIDING THE KNOWLEDGE AND SKILLS NEEDED TO GRADUATE. BY SUPPORTING STUDENTS THROUGH HIGH SCHOOL AND ENSURING THEY GRADUATE READY TO SUCCEED IN COLLEGE AND CAREER, UWSN AND ITS PARTNERS ARE BUILDING AN EDUCATIONAL FOUNDATION FOR SOUTHERN NEVADA, HIGH SCHOOL ACHIEVEMENT PROGRAMS INCLUDE: -GIRLS ON THE RUN LAS VEGAS: UWSN FUNDS GIRLS ON THE RUN LAS VEGAS (GOTR). A PROGRAM THAT INSPIRES GIRLS TO BE JOYFUL, HEALTHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY INTEGRATES RUNNING. GOTR TACKLES FACTORS THAT LEAD TO BULLYING BY TEACHING GIRLS ESSENTIAL LIFE SKILLS THAT PROMOTE HEALTHY, PRODUCTIVE AND INTENTIONAL BEHAVIORS USING A PHYSICAL ACTIVITY-BASED POSITIVE YOUTH DEVELOPMENT PROGRAM. -LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUNDATION: UWSN FUNDS THE TEACHERS IN LIBRARIES PROGRAM OFFERING FREE AFTER-SCHOOL TUTORING, DELIVERED BY CCSD TEACHERS, IN EIGHT LIBRARY BRANCHES ACROSS THE LAS VEGAS VALLEY. THE GOAL OF THIS PROGRAM IS TO RAISE STUDENT PROFICIENCY IN READING, WRITING, SCIENCE AND MATH TO GRADE LEVEL SO THAT THEY MAY CONTINUE TO A SUCCESSFUL HIGH SCHOOL GRADUATION AND RAISE STUDENT ACADEMIC PERFORMANCE. -NEVADA HEALTH CENTERS: UWSN FUNDS THE MOBILE UNIT COALITION. A NEW INITIATIVE THAT BUILDS ON NEVADA HEALTH CENTERS' EXPERIENCE AND RESULTS ACROSS THE COUNTRY. THE PROGRAM OFFERS HIGH-IMPACT AND HOLISTIC HEALTHCARE AND CONNECT CHILDREN. FAMILIES AND YOUTH TO OTHER NEEDED SUPPORTS LIKE FOOD, HOUSING AND LEGAL ASSISTANCE, PROVIDING THE FOUNDATION NECESSARY FOR EDUCATIONAL ACHIEVEMENT, THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -596 GIRLS BUILT SELF-WORTH AND CONFIDENCE THROUGH THE GIRLS ON THE RUN PROGRAM, -1.911 STUDENTS RECEIVED FREE AFTER-SCHOOL TUTORING AND SUPPORT FROM LOCAL TEACHERS THROUGH THE LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUNDATION, -2,214 YOUTH RECEIVED ESSENTIAL HEALTH SERVICES TO PROVIDE THE FOUNDATION FOR EDUCATIONAL ACHIEVEMENT THROUGH NEVADA HEALTH CENTERS. POST-SECONDARY ATTAINMENT - IMPROVING CAREER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER, UWSN AND ITS PARTNERS SUPPORT INDIVIDUALS FROM ALL WALKS OF LIFE IN THEIR EFFORTS TO EARN A DEGREE OR CERTIFICATION. IN ORDER TO BUILD THE SKILLED AND KNOWLEDGEABLE WORKFORCE NECESSARY TO COMPETE IN A GLOBAL AND TECHNOLOGY-FOCUSED ECONOMY, SOUTHERN NEVADA WILL NEED TO INCREASE ITS LEVELS OF POST-SECONDARY ATTAINMENT. BY HELPING INDIVIDUALS PREPARE FOR A COMPETITIVE WORKFORCE, UWSN IS WORKING TO IMPROVE CAREER READINESS AND PROVIDE A BETTER LIFE FOR FAMILIES. -FULFILLMENT FUND LAS VEGAS; UWSN FUNDS FULFILLMENT FUND LAS VEGAS'S POST- SECONDARY ATTAINMENT EFFORTS, PROVIDING A COMPREHENSIVE SUPPORT PROGRAM FOR STUDENTS AND FAMILIES. SUPPORT BEGINS IN HIGH SCHOOL WITH COLLEGE TOURS, COUNSELING, AND PARENT ENGAGEMENT ACTIVITIES, AND CONTINUES THROUGH COLLEGE WITH SCHOLARSHIPS AND FINANCIAL ASSISTANCE, IN ADDITION TO A COUNSELING AND OUTREACH PROGRAM. -LEADERS IN TRAINING: UWSN FUNDS LEADERS IN TRAINING, A COMPREHENSIVE PROGRAM FOCUSING ON EMPOWERING EAST AND NORTH LAS VEGAS STUDENTS - WHO ARE THE FIRST IN THEIR FAMILY TO ATTEND HIGHER EDUCATION - HAVE THE ACCESS. RESOURCES. KNOWLEDGE AND SKILLS TO ATTAIN A POST-SECONDARY DEGREE AND GIVE BACK TO THEIR COMMUNITY. STUDENTS RECEIVE SUPPORT DURING HIGH SCHOOL AND THROUGH COLLEGE. INCLUDING ACADEMIC SUPPORT, VOLUNTEERISM AND INTERNSHIP OPPORTUNITIES, AND FAMILY ENGAGEMENT. THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -360 HIGH SCHOOL STUDENTS RECEIVED TOOLS TO GRADUATE AND ACHIEVE FUTURE SUCCESS IN COLLEGE AND CAREER THROUGH FULFILLMENT FUND LAS VEGAS. -160 STUDENTS WERE INSPIRED TO GRADUATE AND BECOME LEADERS IN THEIR COMMUNITY THROUGH LEADERS IN TRAINING. WORKFORCE SUPPORTS - CREATING STABILITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW-INCOME FAMILIES IN CLARK COUNTY, UWSN HELPS FAMILIES FIND STABILITY AT HOME AND AT WORK THROUGH SUPPORTIVE SERVICES, SUCH AS TECHNICAL AND PROFESSIONAL SKILLS TRAINING, JOB PREPARATION AND PLACEMENT AND CERTIFICATION AND CREDENTIAL ASSISTANCE. BY CONNECTING PEOPLE TO COMMUNITY SERVICES, UWSN AND ITS PARTNERS ARE SUPPORTING THE WHOLE FAMILY AS THEY WORK TO BUILD A STRONG FOUNDATION FOR SUCCESS. -FOUNDATION FOR AN INDEPENDENT TOMORROW: UWSN FUNDS FOUNDATION FOR AN INDEPENDENT TOMORROW (FIT). WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE OF SOUTHERN NEVADANS THROUGH SELF-SUFFICIENT, SUSTAINABLE EMPLOYMENT AND CREATE A SKILLED WORKFORCE THAT CAN ATTRACT AND RETAIN COMPANIES AND EXPAND EMPLOYMENT OPPORTUNITIES. FIT COMBINES ONE-ONE INTEGRATED CASE MANAGEMENT AND A COMPREHENSIVE ARRAY OF SERVICES DIRECTED TO THE DEVELOPMENT OF WORK READINESS SOFT-SKILLS COUPLED WITH HARD-SKILL TRAINING LEADING TO INDUSTRY RECOGNIZED CREDENTIALS. -NEIGHBORHOOD NETWORK: THIS INNOVATIVE PROGRAM EMPOWERS CHILDREN AND FAMILIES IN INFORMAL EARLY EDUCATION

SETTINGS BY PROVIDING CHILDREN A QUALITY EARLY EDUCATION IN THEIR NEIGHBORHOOD AND CONNECTING CAREGIVERS WITH PROFESSIONAL DEVELOPMENT, WORKFORCE TRAINING. AND EDUCATIONAL MATERIALS AND SUPPORTS. THIS PARTNERSHIP BETWEEN LAS VEGAS URBAN LEAGUE AND UWSN FOCUSES ON TRAINING FAMILY, FRIEND AND NEIGHBOR CHILDCARE PROVIDERS TO PROVIDE HIGH-QUALITY CARE. THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -699 CLIENTS RECEIVED JOB READINESS COURSES AND ONE-ON-ONE INTEGRATED CASE MANAGEMENT AT FOUNDATION FOR AN INDEPENDENT TOMORROW. -120 IN-HOME CHILDCARE PROVIDERS

| efil | e GR/ | APHIC pri | nt - DO NOT PROCESS | As Filed Data - | | | DLN: 9 | 3493112011121 |
|-------|----------|--|--|--|--|-------------------------------------|---|---|
| SCI | HED | ULE A | Public | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 |
| | m 99 | | Complete if the o | rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form | ion 501(c)(3) e empt charitable 990 or Form 99 | organization or trust. 00-EZ. | · a section | 2019 |
| | | the Treasury | ► Go to <u>www.irs</u> | <u>a.gov/Form990</u> for i | nstructions and | I the latest info | ormation. | Open to Public Inspection |
| Nam | e of th | ne organiza OF SOUTHERN | | | | | Employer identific | ation number |
| ONTIE | DWAT | OF SOUTHERN | TNEVADA | | | | 88-0071328 | |
| | rt I | | for Public Charity Stat | | | | See instructions. | |
| | rganız | | a private foundation because | ` | • | | (4)() | |
| 1 | | • | onvention of churches, or as | | | | | |
| 2 | | | scribed in section 170(b)(| | , | | | |
| 3 | | · | or a cooperative hospital ser | - | | | - | |
| 4 | | A medical r name, city, | esearch organization operat and state: | ed in conjunction with | a hospital descri | ibed in section : | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | | ation operated for the benefi (iv). (Complete Part II.) | t of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ()(v). | |
| 7 | ✓ | | ation that normally receives ('0(b)(1)(A)(vi). (Complete | | s support from a | governmental u | init or from the gener | al public described in |
| 8 | | A communi | ty trust described in sectio | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | |
| 9 | | | ural research organization de rant college of agriculture. S | | | | | ege or university or a |
| 10 | | from activit investment | ation that normally receives: dies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co | nctions—subject to cer ness taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross |
| 11 | | An organiza | ation organized and operated | d exclusively to test fo | r public safety. S | See section 509 | (a)(4). | |
| 12 | | more public | ation organized and operated cly supported organizations of through 12d that describes | described in section 5 | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | |
| a | | Type I. A so | supporting organization oper n(s) the power to regularly a Part IV, Sections A and B | ated, supervised, or cappoint or elect a majo | ontrolled by its s | upported organiz | zation(s), typically by | |
| b | | Type II. A manageme | supporting organization sup nt of the supporting organiz plete Part IV, Sections A | ervised or controlled i ation vested in the sar | | | | |
| С | | Type III f | unctionally integrated. A sorganization(s) (see instruct | supporting organizatio | | | | ted with, its |
| d | | Type III n | on-functionally integrated integrated. The organization in You must complete Page 1997 | d. A supporting organ n generally must satis | ization operated fy a distribution | in connection wi requirement and | th its supported orgar | |
| е | | Check this | box if the organization recei or Type III non-functionally | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | of supported organizations | | - | | <u> </u> | |
| g | | | ing information about the su | <u>, </u> | т' | | <u> </u> | |
| | (i) N | Name of supported of the second of the secon | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | l. P. ' | tion Act Notice, see the I | | Cat. No. 11285 | | | 90 or 990-EZ) 2019 |

| Р | art III Support Schedule for | | | | | | |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
| | (Complete only if you cl | | | | | | er Part II. If |
| S | the organization fails to ection A. Public Support | quality under | the tests listed i | pelow, please co | ompiete Part II.) | | |
| 30 | Calendar year | () 2015 | (1) 2016 | () 2247 | (1) 2010 | () 2010 | (O.T.) |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grants."). | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| 4 | under section 513 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 | | | | | | |
| L | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | 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.) | | | | | | |
| Se | ection B. Total Support | | 1 | | | | Г |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources. | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, 1975. | | | | | | |
| С | 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 | | | | | | |
| 12 | (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | | | | |
| 13 | 11, and 12.). | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, th | nird, fourth, or fift | h tax year as a sec | tion 501(c)(3) o | ganization <u>,</u> |
| | check this box and stop here | | | | | | ▶ ⊔ |
| | ection C. Computation of Public S | | | ! (6)) | | 1 1 | |
| 15 | Public support percentage for 2019 (lin | | • | | | 15 | |
| 16 | Public support percentage from 2018 S | - | <u> </u> | | | 16 | |
| | ection D. Computation of Investr Investment income percentage for 201 | | | line 13 column (f | :)) | 17 | |
| 17 10 | Investment income percentage for 201 | - | | - | | 17 | |
| 18 10- | 331/3% support tests—2019. If the | | • | | | 18 33 1/3% and lin | e 17 is not |
| | more than 33 1/3%, check this box and s | | | | | | |
| | more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the | | | | | | |
| ט | not more than 33 1/3%, check this box | - | | | • | | _ |
| 20 | Private foundation. If the organization | - | - | | | | |
| | Frivate foundation. If the organization | ni ulu not check a | a DOX ON UNE 14, I | .a, or iad, check | , unis pox and see I | HSGRUCGONS | . 📂 📖 |

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

6

7

8

the organization had excess business holdings).

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? 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. | 1 |

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

| | edule A (101111 330 01 330 E2) 2013 | | | age 3 |
|----|---|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| _ | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| | | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| S | ection 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? 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization. | | | |
| S | ection C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| S | ection D. All Type III Supporting Organizations | | v | |
| _ | | | 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | | | | |
| 2 | | | | |
| _ | | 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection 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 instruct | ions): | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ı | 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (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? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true. | | | . Part VIV See |
|---|--|------------|----------------|-------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (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 Yea (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 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| 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 | | |

| | Amounts paid to supported organizations to accomplish exempt purposes | |
|---|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 | Distributable amount for 2019 from Section C, line 6 | |

| _6 | Other distributions (describe in Part VI). See instruction | ns | | |
|----|--|---------------------------------|--|---|
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to wh details in Part VI). See instructions | ich the organization is respons | sive (provide | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |

| o∨ide | |
|--------------------------------------|---|
| | |
| | |
| | |
| (ii) derdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| derdistributions | Distributable |
| 0 | vide |

| 8 Distributions to attentive supported organizations to who details in Part VI). See instructions | sive (provide | | |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| | | | |

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID:

Software Version: EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493112011121

OMB No. 1545-0047

Department of the Treasury

(Form 990)

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.

Open to Public

| Inten | nal Revenue Service Go to <u>www.irs.gov/Forn</u> | <u>11990</u> for instructions and the latest infor | matio | n. Ins | spection |
|-------|--|--|---------------------|--|-----------------------|
| | ame of the organization ITED WAY OF SOUTHERN NEVADA | | - | oloyer identification | number |
| P | art I Organizations Maintaining Donor Advi | ised Funds or Other Similar Funds o | | 0071328 counts. | |
| | Complete if the organization answered "Ye | | | | |
| | | (a) Donor advised funds | | (b) Funds and other | accounts |
| 1 | Total number at end of year | 9 | | | |
| 2 | Aggregate value of contributions to (during year) | 138,603 | | | |
| 3 | Aggregate value of grants from (during year) | 213,550 | | | |
| 4 | Aggregate value at end of year | 60,843 | | | |
| 5 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | | | Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | r or donor advisor, or for any other purpose o | | ing impermissible | Yes 🗌 No |
| Pa | Irt II Conservation Easements. | os" on Form 000, Part IV, line 7 | | | |
| 1 | Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ | | - | | |
| _ | | | la i a ka sai | :!!: | |
| | ☐ Preservation of land for public use (e.g., recreation | , — | | ically important land a | irea |
| | ☐ Protection of natural habitat | ☐ Preservation of a co | ertified | d historic structure | |
| | ☐ Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation contribution in the for | m of a | a conservation Held at the End o | f the Year |
| а | Total number of conservation easements | | 2a | | |
| b | Total acreage restricted by conservation easements | | 2b | | |
| c | Number of conservation easements on a certified histori | ic structure included in (a) | 2c | | |
| d | Number of conservation easements included in (c) acqu structure listed in the National Register | ired after 7/25/06, and not on a historic | 2d | | |
| 3 | Number of conservation easements modified, transferre tax year ▶ | ed, released, extinguished, or terminated by t | :he org | ganization during the | |
| 4 | Number of states where property subject to conservation | on easement is located ► | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | | of viola | etions, | Пио |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cting, handling of violations, and enforcing co | nserva | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, | , handling of violations, and enforcing conserv | /ation | easements during the | : year |
| 8 | Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$? | | ⁷ 0(h)(4 | 4)(B)(i) | □ No |
| 9 | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | e footnote to the organization's financial state | | | |
| Pa | Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historical Treasures, or Othe | er Sir | milar Assets. | |
| 1a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | 16 (ASC 958), not to report in its revenue star public exhibition, education, or research in fu | | | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items: | L6 (ASC 958), to report in its revenue statem- lic exhibition, education, or research in furthe | ent an erance | nd balance sheet works of public service, pro | s of art, vide the |
| | (i) Revenue included on Form 990, Part VIII, line ${f 1}$ | | | ▶ \$ | |
| (| ii)Assets included in Form 990, Part X | | | . ▶\$ | |
| 2 | If the organization received or held works of art, histori following amounts required to be reported under SFAS | ical treasures, or other similar assets for finar | | | |
| - | Pevenue included on Form 990 Part VIII line 1 | | | ▶ ¢ | |

d Equipment .

| Sche | dule D (Form 990) 2019 | | | | | | | | | | Page 2 |
|------|--|--|----------------------------------|-----------|---------------|-----------|-------------------------|--------------------|-----------------|---------------|---------------|
| Par | Organizations Maintaining Co | ollections o | f Art, Histori | ical T | reasur | res, or | Other S | imilar As | ssets (conti | nued) | |
| 3 | Using the organization's acquisition, accessitems (check all that apply): | ion, and other | records, check | any of | the foll | lowing th | nat are a s | ignificant ι | use of its coll | ection | |
| а | Public exhibition | | d | | Loan c | or excha | nge progr | ams | | | |
| b | ☐ Scholarly research | | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIII. | collections and | explain how the | ey furtl | her the | organiza | ation's exe | empt purpo | se in | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | | | ☐ Yes | □ N | o |
| Pai | Escrow and Custodial Arrang Complete if the organization and X, line 21. | | on Form 990 |), Part | IV, lin | ne 9, or | reported | l an amou | ınt on Form | 990, | Part |
| 1a | Is the organization an agent, trustee, custo included on Form 990, Part X? | | | | | | | | ☐ Yes | ☑ N | o |
| b | If "Yes," explain the arrangement in Part XI | III and comple | to the following | tables | | Г | | Λ | mount | | _ |
| C | Beginning balance | | _ | | | F | 1c | | mount | | _ |
| d | Additions during the year | | | | | <u> </u> | 1d | | | | _ |
| e | Distributions during the year | | | | | | 1e | | | | _ |
| f | Ending balance | | | | | | 1f | | | | _ _ |
| 2a | Did the organization include an amount on | Form 990, Par | t X, line 21, for | escrow | or cus | stodial a | ccount liab | ility? | ☐ Yes | ☑ N | o |
| b | If "Yes," explain the arrangement in Part XI | III. Check here | if the explanat | ion has | s been r | provided | l in Part XI | II | | | |
| | rt V Endowment Funds. | | | | | | | | | | |
| | Complete if the organization and | swered "Yes' | | | | | | | | | |
| _ | | (a) Curren | t year (b) F | Prior yea | ar (c | c) Two ye | ears back (| d) Three yea | ars back (e) F | our yea | rs back |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | - | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cu | rrent year end | balance (line 1 | g, colu | mn (a)) |) held as | s: | | | | |
| а | Board designated or quasi-endowment | | | | | | | | | | |
| b | Permanent endowment > | | | | | | | | | | |
| C | Temporarily restricted endowment ► | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100 | %. | | | | | | | | |
| 3а | Are there endowment funds not in the poss organization by: | ession of the c | organization tha | t are h | eld and | l adminis | stered for | the | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 163 | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on 3a(ii), are the related organizati | | equired on Sche | edule R | .? . | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | ne organizatior | n's endowment | funds. | | | | | | | - |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization and | | on Form 990 (b) Cost or other | | | | See Forr Imulated de | | |). ok valu | |
| | Description of property (a) Cost or a (investr | | (D) Cost of other | nasis (| ouiei) | (C) ACCI | amulateu de | preciation | (u) bo | on valu | C |
| 4. | Land | | | 41 | 27.000 | | | | | | 427.000 |
| | Land | | | | 37,000 | | | 469.656 | | | 437,000 |
| | Buildings | | | | 36 591 | | | 468,656 120 516 | | | 116.075 |
| • | | The state of the s | | , | 313 741 | | | 1/0 7 1 1 | | | 11011/3 |

482,784

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

100,199

382,585

| | Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security) | (b) Book value | (c) Method | d of valuation: year market value |
|--|--|----------------------|------------------------|---|
| (1) Financial | | | | |
| (3)Other | held equity interests | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Columi | n (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, I | Part IV line | 11c See Form 990 | Part X line 13 |
| | (a) Description of investment | raic IV, iiile | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col.(B) line 13.) | | > | |
| Total. (Column | Other Assets. | art IV, line | I | t X, line 15. |
| Total. (Column | | art IV, line | I | t X, line 15. (b) Book value |
| Part IX (1) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| Part IX (1) (2) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| (1) (2) (3) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| Total. (Column Part IX (1) (2) (3) (4) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| Total. (Column Part IX (1) (2) (3) (4) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line | I | |
| (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line | I | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) | | 11d. See Form 990, Par | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P | | 11d. See Form 990, Par | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability | | 11d. See Form 990, Par | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes | | 11d. See Form 990, Par | (b) Book value |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) DESIGNA (3) REFUNDA | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal i (2) DESIGNA (3) REFUNDA (4) DUE TO E | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) DESIGNA (3) REFUNDA (4) DUE TO E (5) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal ii (2) DESIGNA (3) REFUNDA (4) DUE TO E (5) (6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) DESIGNA (3) REFUNDA (4) DUE TO E (5) (6) (7) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) DESIGNA (3) REFUNDA (4) DUE TO E (5) (6) (7) (8) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |
| Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal ii (2) DESIGNA (3) REFUNDA (4) DUE TO E (5) (6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability income taxes ATIONS ABLE ADVANCES | | 11d. See Form 990, Par | (b) Book value 990, Part X, line 25. (b) Book value 818,852 400,008 |

2

1

2

C

d

е 3

b

Part XIII

4

5

Schedule D (Form 990) 2019

Page 4

205,090

9,874,391

1,289,006

11,163,397

10,413,086

205,126

10,207,960

1,289,006

11.496.966

d

а Net unrealized gains (losses) on investments Donated services and use of facilities b Recoveries of prior year grants Other (Describe in Part XIII.)

e

3 4

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Subtract line **2e** from line **1**

b

Add lines **4a** and **4b** Total expenses and losses per audited financial statements

C 5 Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

4a 4b

2a

2b

2c

2d

4a

4b

2a

2b

2c

2d

1,288,941

4c

-36

205.126

205,126

65

5

1.288.941

2e

3

2e

3

4c

Schedule D (Form 990) 2019

Return Reference Explanation See Additional Data Table

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

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| chedule D (Form 990) 2019 | Page 5 |
|--|---------------|
| Part XIII Supplemental Information (continued) | |
| Return Reference Explanation | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Explanation

tion

| Sup | piei | nen | taı ı | ınto | orm | atio |
|-----|------|-----|-------|------|-----|------|
| | | | | | | |

LINE 4B

Return Reference

SCHEDULE D, PAGE 4, PART XI,

DONOR DESIGNATIONS 1,288,941

| upplemental Information | | | | | |
|--|------------------------------|--|--|--|--|
| Return Reference | Explanation | | | | |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | DONOR DESIGNATIONS 1,288,941 | | | | |

Sι

OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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. **Open to Public** Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization UNITED WAY OF SOUTHERN NEVADA 88-0071328 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ In-person solicitations 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 If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No ELIZABETH H BLUME IGRANTS 10004 EDWARD AVE 52,200 Nο -52,200 BETHESDA, MD 20814 52,200 -52,200 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

DLN: 93493112011121

licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

| | rt II Fundraising Events. Compl | | | | |
|--|--|--|--|-----------------------|--|
| | than \$15,000 of fundraising of | | d gross income on Form | 990-EZ, lines 1 and | 6b. List events with |
| | gross receipts greater than \$ | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events (add col. (a) through |
| | | (event type) | (event type) | (total number) | col. (c)) |
| | | | | | |
| | | | | | |
| Keverkie | | | | | |
| 2 4 | | | | | |
| Y | | | | | |
| | | | | | |
| | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| | 4 Cash prizes | | | | |
| ņ | 5 Noncash prizes | | | | |
| CADE ISES | 6 Rent/facility costs | | | | |
| Š | 7 Food and beverages | | | | |
| <u> </u> | 8 Entertainment | | | | |
| 5 | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 | - | | | |
|)ai | 11 Net income summary. Subtract line 10 till Gaming. Complete if the org | | | V line 19 or reported | more than \$15,000 |
| | on Form 990-EZ, line 6a. | I | 1 | | 1 |
| E E | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
| Keverkie | | | | | |
| _ | 1 Gross revenue | | | | |
| ^ | | | + | | |
| 000 | 2 Cash prizes | | | | |
| Sherises | 2 Cash prizes | | | | |
| | | | | | |
| Clear Experises | 3 Noncash prizes | | | | |
| | 3 Noncash prizes | | ☐ Yes % | ☐ Y es% | |
| | 3 Noncash prizes | ☐ Yes <u>%</u> | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 3 Noncash prizes | □ No | 1_ | <u></u> | |
| | 3 Noncash prizes | No | □ No | □ No ► | |
| sected to the local control of | 3 Noncash prizes | No through 5 in column (d) | No | No | |
|) | 3 Noncash prizes | No through 5 in column (d) thine 7 from line 1, column ion conducts gaming action | No | □ No ▶ ▶ | Vec No |
| | 3 Noncash prizes | through 5 in column (d) It line 7 from line 1, columnion conducts gaming action | No nn (d) | □ No ▶ ▶ | ☐ Yes ☐ No |
|) a | 3 Noncash prizes | through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities act | No mn (d) | No | |
| | 3 Noncash prizes | through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities | No mn (d) | No | |
| a b | 3 Noncash prizes | through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities | No mn (d) | No | |

| Sche | dule G (Form 990 or 990-EZ) 2019 | | | | Page 3 |
|------|---|------------------------------|---|----------------------|---------------|
| 11 | Does the organization conduct gamin | g activities with nonmembe | ers? | Yes | □ No |
| 12 | Is the organization a grantor, benefic formed to administer charitable gami | | a member of a partnership or other entity | · · □Yes | _ |
| 13 | Indicate the percentage of gaming ac | tivity conducted in: | | | |
| а | The organization's facility | | | 13a | % |
| b | An outside facility | | | 13b | % |
| 14 | Enter the name and address of the pe | erson who prepares the org | ganization's gaming/special events books and reco | ords: | _ |
| | Name • | | | | |
| 15a | Address P Does the organization have a contrac | t with a third party from wh | hom the organization receives gaming | | |
| b | If "Yes," enter the amount of gaming amount of gaming revenue retained by | revenue received by the or | rganization ▶ \$ and the | ∟ res | □ NO |
| С | If "Yes," enter name and address of t | he third party: | | | |
| | Name ► | | | | |
| | Address ► | | | | |
| 16 | Gaming manager information: | | | | |
| | Name ► | | | | |
| | Gaming manager compensation ► \$ | | ······ | | |
| | Description of services provided ▶ | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | |
| 17 | Mandatory distributions: | | | | |
| а | , | | distributions from the gaming proceeds to | · · □ _{Yes} | Пио |
| b | • | | buted to other exempt organizations or spent | L les | |
| Pa | in the organization's own exempt acti rt IV Supplemental Informati | | ations required by Part I, line 2b, columns (| (iii) and (v): a | nd Part |
| | | | oplicable. Also provide any additional inform | | |
| | Return Reference | | Explanation | | |
| | EDULE G, PAGE 1, PART I, LINE 2B, JMN (V) | ELIZABETH H BLUME FEE | ES FOR SERVICES | | |

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

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

DLN: 93493112011121

Open to Public

Inspection

| lame of the organization | | | | | | Employer identific | ation number |
|--|--------------------|------------------------------------|--|--|---|--|---------------------------------------|
| JNITED WAY OF SOUTHERN NEV | ADA | | | | | 88-0071328 | |
| Part I General Inform | ation on Grants | and Assistance | | | | | |
| Does the organization main the selection criteria used t Describe in Part IV the organization | o award the grants | or assistance? | | | | ce, and | ☑ Yes ☐ No |
| Part II Grants and Other A | Assistance to Dom | nestic Organizations a | ind Domestic Governme ditional space is needed. | ents. Complete if the o | rganization answered "Yes | " on Form 990, Part IV, line | 21, for any recipient |
| (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 section3 Enter total number of other | . , . , | - | | | | | 38 |
| D | Al T | f F 000 | | C-+ N- F00FF | | C-I | - Jul - T (F 000) 2010 |

(Form 990)

Department of the

Internal Revenue Service

Treasury

(2) EDUCATION PROGRAM

(3) IMMEDIATE NEEDS PROGRAM

(1) CRISIS FUND

Schedule I (Form 990) 2019

Part III

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference recipients 59

(b) Number of

Part III can be duplicated if additional space is needed

Explanation

138 RECIPIENTS.

2,342,708 2,459,800

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

89.309

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

SCHEDULE I, PAGE 1, PART I, LINE THE ORGANIZATION RECEIVES MONTHLY REPORTS THAT ARE REVIEWED BY COMMUNITY DEVELOPMENT STAFF. THESE REPORTS MUST BE RECEIVED BY THE 5TH OF

EVERY MONTH FOR THE CHECKS/GRANTS TO BE CUT ON THE 10TH. UWSN REVIEWS THESE REPORTS TO SEE THAT THEY ARE ON TARGET TO REACH THE

ESTABLISHED GOALS AND BENCHMARKS SET OUT IN THE ORIGINAL AGREEMENT WITH THE AGENCY. IF THE PROPER REPORTS ARE NOT SUBMITTED, PAYMENTS TO AN AGENCY CAN BE WITHHELD. PART II LISTED IN PART II ARE THE RECIPIENTS WHO RECEIVED GREATER THAN 5,000 FOR A TOTAL OF 2,696,294, CONSISTING OF

(d) Amount of

noncash assistance FMV, appraisal, other) CASH CASH CASH

(e) Method of valuation (book,

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

Additional Data

AYDEN'S ARMY OF ANGELS

6396 MCLEOD DR STE 5 LAS VEGAS, NV 89120

Software ID: Software Version:

81-3846346

| EIN: | 88-0071328 |
|-------|-------------------------------|
| Name: | UNITED WAY OF SOUTHERN NEVADA |

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

(f) Method of valuation (g) Description of (h) Purpose of grant

CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of nonorganization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) AL-MAUN (NEIGHBORLY 32-0087926 94,500 CHARITABLE

NEEDS) 711 MORGAN AVE LAS VEGAS, NV 89106

41,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOYS & GIRLS CLUBS OF SO 88-0093150 26.295 CHARITABLE NV 2850 LINDELL RD 94-2579116 37.170 CHARITABLE

LAS VEGAS, NV 89146 CANDLELIGHTERS CHILDHOOD CANCER

8990 SPANISH RIDGE LAS VEGAS, NV 89148

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 75-3023270 9.250 CHARITABLE CAPPALAPPA FAMILY RESOURCE

| CENTER PO BOX 1860 OVERTON, NV 89040 | | | | | |
|--|------------|---|--------|--|------------|
| CATHOLIC CHARITIES OF SOUTHERN NV | 88-0059425 | 3 | 50,000 | | CHARITABLE |

1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 89101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-2889686 10.000 CHARITABLE CSN FOUNDATION 6375 W CHARLESTON 90-0783363 45.500 CHARITABLE

| LAS VEGAS, NV 89146 | |
|---------------------|---|
| EAST VALLEY FAMILY | _ |
| SERVICES | |

1830 E SAHARA AVE STE 103 LAS VEGAS, NV 89104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0096051 62.500 CHARITABLE ECONOMIC OPPORTUNITY BOARD 330 W WASHINGTON LAS VEGAS, NV 89106 CHARITABLE

EMERGENCY AID OF BOULDER 94-2772532 57.500 CITY PO BOX 60673

BOULDER CITY, NV 89006

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

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 52-1308986 31,000 CHARITABLE ETHIOPIAN COMMUNITY

VEGAS

1410 S MARYLAND PKWY LAS VEGAS, NV 89104

| FAMILY PROMISE OF LAS | 88-0352350 | 3 | 123,250 | | CHARITABLE |
|--|------------|---|---------|--|------------|
| COUNCIL 1500 E TROPICANA STE 122 LAS VEGAS, NV 89119 | | | | | |

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 88-0377684 62.893 CHARITABLE FOUNDATION FOR AN INDEPENDENT

| TOMORROW 1931 STELLA LAKE DRIVE LAS VEGAS, NV 89106 | | | | | |
|---|------------|---|-------|--|------------|
| FRIENDS IN THE DESERT FOUNDATION | 88-0413790 | 3 | 6,000 | | CHARITABLE |

43 W PACIFIC AVE HENDERSON, NV 89015

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FULLFILLMENT FUND OF LAS 48-2083219 62.893 CHARITABLE VEGAS 3100 F PATRICK LANE LAS VEGAS, NV 89120 GIRLS ON THE RUN LAS 27-4431922 18.868 CHARITABLE VEGAS

1405 REISLING CT LAS VEGAS, NV 89144

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0108496 337.080 CHARITABLE HELP OF SOUTHERN NV 1640 E FLAMINGO ROAD STE 100 LAS VEGAS, NV 89119 HELPING HANDS OF VEGAS 88-0466726 40.000 CHARITABLE VALLEY

2320 PASEO DEL PRADO LAS VEGAS, NV 89102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HOPELINK 94-3202139 214.395 CHARITABLE 178 WESTMINSTER WAY HENDERSON, NV 89015 JEWISH FAMILY SERVICE 88-0142948 281.896 CHARITABLE

AGENCY

4794 S EASTERN AVE SUITE C LAS VEGAS, NV 89119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 45-2285031 39,956 CHARITABLE KLINE VETERANS FUND

| 3-355 LAS VEGAS, NV 89134 | | | | | |
|---|------------|---|--------|--|------------|
| LAS VEGAS CHIPS (SOUTHERN NEVADA CHIPS) | 38-3971994 | 3 | 77,000 | | CHARITABLE |

ACCONTRACE CENTED CID

201 LAS VEGAS BLVD S LAS VEGAS, NV 89101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-0035192 31.447 CHARITABLE LAS VEGAS CLARK COUNTY LIBRARY DISTRICT FOUNDATION 7060 W WINDMILL

CHARITABLE

20,500

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

LAS VEGAS, NV 89113 LEADERS IN TRAINING

900 N LAMB BLVD STE 130 LAS VEGAS, NV 89110 45-4208055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0845241 61.250 CHARITABLE LUTHERAN SOCIAL SERVICES 51 N PECOS ROAD SUITES 109-113

109-113 LAS VEGAS, NV 89101

MOONRIDGE FOUNDATION 27-5225240 3 65,000 CHARITABLE
PO BOX 1766
LAS VEGAS, NV 89125

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-3199117 62.893 CHARITABLE NEVADA HEALTH CENTERS 3325 RESEARCH VAY CARSON CITY, NV 89706 NEVADA PARTNERSHIP FOR 88-0476452 15.000l CHARITABLE HOMELESS YOUTH

4981 SHIRLEY ST LAS VEGAS, NV 89119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 95-2877102 16.907 CHARITABLE OLIVE CREST TREATMENT CENTER 4285 N RANCHO DR STE 160 LAS VEGAS, NV 89130

CHARITABLE

70.000

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

45-6645161

PROJECT 150

3600 N RANCHO LAS VEGAS, NV 89130

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PUFNTES 81-0668995 60.000 CHARITABLE 730 N EASTERN AVE STE 120 LAS VEGAS, NV 89101 RESEARCH ACCESS FOR 27-4912114 60.000 CHARITABLE COMMUNITY HEALTH

823 6TH ST

LAS VEGAS, NV 89101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-2411883 40.031 CHARITABLE SAFE NEST SHELTER 3900 MEADOWS LN LAS VEGAS, NV 89107 SALVATION ARMY CLARK 88-0148782 62.500 CHARITABLE

COUNTY COMMAND PO BOX 28369 LAS VEGAS, NV 89126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 94-2928685 10.000 CHARITABLE SENIOR CENTER AT BOULDER CITY

CHARITABLE

85.875

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

| 813 ARIZONA ST | |
|------------------|-----|
| BOULDER CITY, NV | 890 |
| THE CENTER | |

401 S MARYLAND PKWY LAS VEGAS, NV 89101 94-3192750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-3970815 38.750 CHARITABLE THE CUPCAKE GIRLS 3110 S VALLEY VIEW BLVD 88-0344011 266.695 CHARITABLE

STE 201 LAS VEGAS, NV 89102 UNITED LABOR AGENCY OF NV 1201 NORTH DECATUR

BOULEVARD STE 10 LAS VEGAS, NV 89108

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 93 | 49311 | 12011 | .121 | |
|---------|--|--|-------------------|---|-------------------------|---------|--------|------|--|
| Sch | edule J | Col | mpensati | ion Information | 0 | MB No. | 1545-0 | 0047 | |
| (For | n 990) | For certain Officer | | rustees, Key Employees, and Hig | hest | • | | | |
| | | ► Complete if the orga | nization answ | ited Employees ered "Yes" on Form 990, Part IV, | , line 23. | 2019 | | | |
| Depar | tment of the Treasury | ► Go to www.irs.gov | | to Form 990. instructions and the latest inform | mation. | Open | | | |
| Interna | al Revenue Service | | | | | Insp | ectio | n | |
| | ne of the organiza TED WAY OF SOUTH | | | | Employer identifica | tion nu | ımber | | |
| Do. | at I Ougstie | ons Regarding Compensati | <u> </u> | | 88-0071328 | | | | |
| Pa | rt I Questi | ons Regarding Compensati | on | | | | Yes | No | |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | | | |
| | First-class | s or charter travel | | Housing allowance or residence for | personal use | | | | |
| | _ | companions | 닏 | Payments for business use of perso | | | | | |
| | | nification and gross-up payments | 님 | Health or social club dues or initiation | | | | | |
| | ☐ Discretion | nary spending account | Ц | Personal services (e.g., maid, chauf | teur, chef) | | | | |
| b | | | | follow a written policy regarding pay ve? If "No," complete Part III to expl | | 1b | | | |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked on Lir | 20.12 | 2 | | | |
| | directors, truste | es, officers, including the CEO/EX | ecutive Director | r, regarding the items checked on th | ie laf | | | | |
| 3 | | | | d to establish the compensation of the | ne | | | | |
| | | EO/Executive Director. Check all ted organization to establish compe | | CEO/Executive Director, but explain i | in Part III. | | | | |
| | ✓ Compensa | ation committee | | Written employment contract | | | | | |
| | _ ' | ent compensation consultant | | Compensation survey or study | | | | | |
| | ✓ Form 990 | of other organizations | \checkmark | Approval by the board or compensa | tion committee | | | | |
| 4 | During the year related organiza | | 90, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | | |
| а | Receive a sever | ance payment or change-of-contro | ol payment? . | | | 4a | | No | |
| b | | · · · - | | ified retirement plan? | | 4b | | No | |
| C | | | | nsation arrangement? | | 4c | | No | |
| | If "Yes" to any o | of lines 4a-c, list the persons and | provide the app | licable amounts for each item in Part | t III. | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) o | organizations | must complete lines 5-9 | | | | | |
| 5 | | | = | the organization pay or accrue any | | | | | |
| | compensation c | ontingent on the revenues of: | | | | | | | |
| а | The organization | n? | | | | 5a | | No | |
| b | | | | | | 5b | | No | |
| _ | , | 5a or 5b, describe in Part III. | • D • D1: | | | | | | |
| 6 | | on Form 990, Part VII, Section ontingent on the net earnings of: | A, line la, did t | the organization pay or accrue any | | | | | |
| a | - | n? | | | | 6a | | No | |
| b | | anization? | | | | 6b | | No | |
| 7 | • | • | Δ line 15 did 6 | the organization provide any nonfixe | d | | | | |
| • | | | | rt III | | 7 | | No | |
| 8 | subject to the in | nitial contract exception described | in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do | | | | | |
| 9 | If "Yes" on line | 8, did the organization also follow | the rebuttable | presumption procedure described in | Regulations section | 9 | | No | |
| For F | | ıction Act Notice, see the Instr | | | 50053T Schedule | | 1 990) | 2019 | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

| nstructions, 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. | | | | | | | | |
|--|--------------------------|---------|-------------------------------------|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | | | of W-2 and/or 1099-MIS | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | (i) Base compensation | | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1 KYLE RAHN CEO | (i) | 169,984 | | | 5,585 | 9,578 | 185,147 | |
| CLO | (ii) | | | | | | | |
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| | | ı | ı | | ı | | Schedule | J (Form 990) 2019 |



DLN: 93493112011121 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED WAY OF SOUTHERN NEVADA 88-0071328 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased behalf of financing issuer Yes No Yes No Yes No PUBLIC FINANCE AUTHORITY 27-3866124 12-01-2015 1,344,000 REFINANCING CAPITAL Х Χ IMPROVEMENTS. Part ${
m I\hspace{-.1em}I}$ **Proceeds** В C Α D 2 3 1,344,000 5 6 7 78,337 8 9 10 11 12 13 2015 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

Schedule K (Form 990) 2019

3a

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

| | | 4 | | В | | С | Г |) |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Are there any management or service contracts that may result in private business use of bond-financed property? | | × | | | | | | |
| If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | , | |

Χ

Χ

В

No

Yes

C

No

Yes

Χ

b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

Χ

Χ

Yes

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

В

No

Explanation

No

Yes

R

No

Yes

No

C

Nο

Yes

Yes

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

PUBLIC FINANCE AUTHORITY REFINANCING CAPITAL IMPROVEMENTS

Page 3

No

D

D

No

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

PURPOSE OF ISSUE DESCRIPTION

| efile GRAPHI | C print - D | о по | T PROCES | S As | Filed Data - | | | | | DL | N: 93 | 4931 | 120 | 11121 | |
|-------------------------------------|---------------|----------|--------------------|--------------|--|---------------------|-----------------|---------|--------------|---------------------|----------------|-----------------|--------------|---------|--|
| Schedule L | | | Tran | sactio | ns with Ir | ntereste | d Persor | าร | | | 01 | MB No. | 1545 | -0047 | |
| (Form 990 or 990 | -EZ) ► Co | mplet | e if the orga | anization | answered "Yes | on Form 9 | 90, Part IV, li | nes 2 | 5a, 2 | 25b, 26 | 5, | 20 | 1 | O | |
| | | | 27, 28a, | | 28c, or Form 99 ach to Form 990 | | | 10b. | | | | Z U | 1 | フ | |
| Department of the Trea | | ▶G | o to <u>www.ii</u> | | <u>rm990</u> for inst | | | forma | tion. | | | Open t | | | |
| Internal Revenue Servi | | | | | | | | l e. | | | bifi.e. | Insp ation n | | | |
| Name of the org UNITED WAY OF SO | | ADA | | | | | | | | | HUITC | ition n | umb | ег | |
| David T. France | D | T | | 50 | 4()(2) | -04 () (4) | - II F04/ | | | 1328 | | | | | |
| | | | , | | 1(c)(3), section ! Form 990, Part ! | | • | | _ | | | | | | |
| |) Name of di | | | |) Relationship be | tween disqua | | | (c) [| escript | ion of | |) Cor | rected? | |
| | | | | organization | | | tr | ansacti | on | Ye | es | No | | | |
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| 2 Enter the at 4958 | | | , , | • | managers or dis | | ons during the | year u | ınder | _ | ۱ \$ | | | | |
| 3 Enter the ar | mount of tax, | , if any | , on line 2, a | bove, reir | nbursed by the o | rganization . | | • | | | š | | | | |
| Part II Loa | ans to and | /or F | rom Inter | ested Pe | ersons. | | | | | | | | | | |
| Con | nplete if the | organi | zation answe | red "Yes" | on Form 990-EZ, | Part V, line 3 | 38a, or Form 99 | 90, Pai | rt IV, | line 26 | ; or if | the org | aniza | tion | |
| (a) Name of | | | 1 Form 990, I | | 5, 6, or 22 to or from the | (e) Original | (f) Balance | (g) | In | (1 | 1) | |) Wri | tten | |
| interested person | with organiz | ation | of loan | | anization? | principal amount | 1 , , | | default? App | | proved by agre | | | ement? | |
| | | | | | | | | | | board or committee? | | | | | |
| | | | | То | From | | | Yes | No | Yes | No | Yes | | No | |
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| Total . | | | | | | \$ | | | | | | | | | |
| | | | | | rested Person Yes" on Form 9 | | line 27 | | | | | | | | |
| (a) Name of inter | | | Relationship | | (c) Amount | <u> </u> | (d) Type (| of assi | stanc | e l | (e) Pu | rpose o | f ass | istance | |
| (-) | | | erested perso | n and the | (3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | | | | (-, | | | | |
| | | | organizat | ion | | | | | | | | | | | |
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| | | <u> </u> | | | orm 990 or 990-l | - - | at. No. 50056A | | | | | 990 or | | | |

Explanation

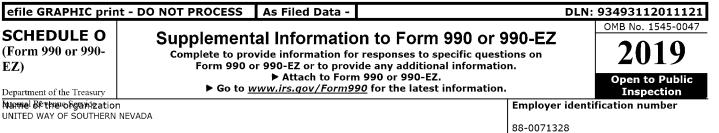
Schedule L (Form 990 or 990-EZ) 2019

ROBIN CASPERSON, BOARD MEMBER HAS A FAMILY RELATIONSHIP WITH RILEY CASPERSON, AN

Return Reference

EMPLOYEE.

SCHEDULE L, PART V



| 990 | Schedule | Ο, | Supplemental | Information |
|-----|----------|----|--------------|-------------|
| | | | | |

| Return Reference | Explanation |
|---|--|
| FORM 990 - ORGANIZATION'S MISSION | UNITED WAY OF SOUTHERN NEVADA, INC. (THE ORGANIZATION OR UNITED WAY) IS A NOT-FOR-PROFIT C ORPORATION GOVERNED BY A LOCAL VOLUNTEER BOARD OF DIRECTORS. THE ORGANIZATION WAS INCORPOR ATED IN 1957 AND ITS OPERATIONS ARE PRIMARILY IN CLARK COUNTY. THE ORGANIZATION IS ONE OF MORE THAN 1,200 LOCAL, INDEPENDENT UNITED WAYS ACROSS THE COUNTRY. UNITED WAY'S MISSION IS TO UNITE OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES. THE ORGANIZATION IS INNOVATIVE AND COLL ABORATIVE IN THEIR EFFORTS TO CREATE A BETTER COMMUNITY FOR ALL. UNITED WAY IS WORKING WITH AND THROUGH STRATEGIC PARTNERS TO ADDRESS THE ISSUES THAT NO ONE AGENCY CAN SOLVE ALONE. THE ORGANIZATION BRINGS STRATEGY AND OCTANE TO THE CONVERSATION, CREATING MOMENTUM THROUGH FUNDS, VOLUNTEERS, AND SUPPORT TO SCALE THE WORK OF PARTNERS IN THE COMMUNITY. WITH THESE PARTNERS, UNITED WAY IS SUPPORTING CHILDREN AND FAMILIES FROM CRADLE TO CAREER THROUGH ITS COMMUNITY-BASED AGENDA. UNITED WAY BENOAGES THE COMMUNITY IN SECTION PARTNERS WITH INN OVATIVE APPROACHES, PROVIDES THESE ORGANIZATIONS WITH RESOURCES TO BE SUCCESSFUL AND MEASU RES THEIR RESULTS TO ENSURE ACCOUNTABILITY. UNITED WAY'S STAFF WORKS CLOSELY WITH COMMUNITY MEMBERS TO SOLVE COMPLEX COMMUNITY PROBLEMS AND CREATE POSITIVE CHANGE. THE ORGANIZATION N'S STAFF ENGAGES IN ADVOCACY AND PUBLIC POLICY, DEVELOPMENT OF STRATEGIC INITIATIVES AND COMMUNITY LEADERSHIP. UNITED WAY STAFF MEMBERS MANAGE AND SUPPORT COMMUNITY IMPACT PROGRAMS AND PROVIDE NONPROFITS SUPPORT AND TECHNICAL ASSISTANCE. THE ORGANIZATION ALSO ACTS AS THE FISCAL AGENT FOR SEVERAL STAFF MEMBERS MANAGE AND SUSPPORT COMMUNITY IMPACT PROGRAMS AND PROVIDE NONPROFITS WAY STAFF MEMBERS MANAGE AND SUSPPORT COMMUNITY IMPACT PROGRAMS AND AREA UNITED WAY STAFF MEMBERS MANAGE AND SUSPPORT COMMUNITY IMPACT PROGRAMS AND PROVIDE NONPROFITS WAY STAFF MEMBERS MANAGE AND SUSPPORT COMMUNITY TO SECOND THE SUCCESS OF SOUTHERN NEVADA A REA. UNITED WAY STAFF MEMBERS ARE FIGHTING FOR THE SUCCESS OF SOUTHERN NEVADA. AND WE WILL WIN AN NUAL FUNDRAISING CAMPAIGNS ARE CONDUCTED THR |

| Return Reference | Explanation |
|---|--|
| FORM 990 - ORGANIZATION'S MISSION | EMBERS CONTRIBUTE 1,500 OR MORE, AND MEMBERS OF THE YOUNG PHILANTHROPISTS SOCIETY CONTRIBUTE 1,500 OR MORE. COMBINED, UNITED WAY'S TOCQUEVILLE SOCIETY, WOMEN'S LEADERSHIP COUNCIL A ND YOUNG PHILANTHROPIST GENERATED APPROXIMATELY 2.2 MILLION DURING THE 2018-2019 CAMPAIGN. IN 2018-19, TOCQUEVILLE SOCIETY MEMBERS GAVE 1,929,453 TO THE COMMUNITY. THE WOMEN'S LEA DERSHIP COUNCIL RAISED 208,742 DURING THE 2018-19 CAMPAIGN, INVESTING THEIR DOLLARS IN CRU CIAL PROJECTS WHICH ARE CHANGING LIVES. WITH OVER 100 MEMBERS, THESE DYNAMIC AND GENEROUS WOMEN ARE TRULY CHANGE AGENTS FOR THE COMMUNITY, SERVING AS PACESETTERS FOR THE ORGANIZATI ON'S COMMUNITY-BASED AGENDA. THIS INCREDIBLE GROUP OF WOMEN COLLECTED OVER 10,128 PROFESSI ONAL ITEMS DURING THE WLC 11TH ANNUAL "WOMEN'S FALL SUIT DRIVE" ON FRIDAY, NOVEMBER 2 FOR WOMEN IN NEED. UNITED WAY'S YOUNG PHILANTHROPISTS SOCIETY (YPS) RAISED 71,772 DURING THE 2 018-19 CAMPAIGN YEAR. YPS DOLLARS ARE DIRECTED TO SUPPORT THE ORGANIZATION'S MISSION AND B UILD A STRONGER SOUTHERN NEVADA COMMUNITY. YPS LEADERS ARE TAKING A STAND TO BREAK CYCLES OF POVERTY AND CREATE A BETTER LIFE FOR ALL. CONTRIBUTORS OUTSIDE OF UNITED WAY'S LEADER N ETWORKS DIRECT THEIR PLEDGES TO UNITED WAY'S COMMUNITY IMPACT FUND WHERE THEY ARE COMBINED WITH THOUSANDS OF OTHERS TO MAKE THE GREATEST IMPACT FOR CHILDREN AND FAMILIES IN SOUTHER N NEVADA. RESTRICTED DESIGNATIONS ARE ALSO PERMITTED TO ANY 501 (C)(3) APPROVED BY THE INT ERNAL REVENUE SERVICE. SINCE OUR LOCAL BEGINNING MORE THAN 60 YEARS AGO, THE ACCOUNTABILITY STANDARDS OF UNITED WAY OF SOUTHERN NEVADA HAVE BEEN BASED UPON THE MODELS OF TRANSPAREN CY AND EFFICIENCY. EACH YEAR, A LOCAL FINANCE COMMITTEE COMPRISED OF CPAS, ACCOUNTANTS AND CORPORATE LEADERS REVIEWS THE ANNUAL BUDGET AND INTERNAL OPERATIONAL PROCEDURES. IN ADDIT ION, ON AN ANNUAL BASIS, AN INDEPENDENT, CERTIFIED PUBLIC ACCOUNTING FIRM CONDUCTS AN AUDIT ION, ON AN ANNUAL BASIS, AN INDEPENDENT, CERTIFIED PUBLIC ACCOUNTING FIRM CONDUCTS AN AUDIT ION, OF SOUTHERN NEVADA IS IN COMPLIANCE AND VOID O |

| FORM 990, PAGE 2, PART III, LINE 4A NEVADA READY IS UNITED WAY OF SOUTHERN NEVADA'S GRANT-FUNDED INITIATIVE TO SUPPORT THE IMPROVEMENT AND EXPANSION OF PRE-KINDERGARTEN SPACES WHILE PROVIDING CRITICAL WRAPAROUND SERVICES FOR VULNERABLE FAMILIES. IN 2019- 2020, UWSN PROVIDED 700 CHILDREN WITH FREE SPACES IN HIGH QUALITY EARLY EDUCATION PROGRAMS, AS WELL AS PROVIDING ESSENTIAL TEACHER TRAINING AND SUPPORTIVE SERVICES FOR LOCAL FAMILIES. UWSN HAS PARTNERED WITH 19 LOCAL EARLY EDUCATION CENTERS TO FUND EARLY CHILDHOOD EDUCATION CLASSROOMS DURING THIS 4-YEAR GRANT WITH THE GOAL OF HELPING CHILDREN LEARN TO READ, WRITE AND PROBLEM SOLVE SO THEY ARE READY FOR KINDERGARTEN. WINDSONG IS A UWSN GRANT-FUNDED PROGRAM FOCUSED ON CREATING EARLY EDUCATION ACCESS FOR ALL CHILDREN IN SOUTHERN NEVADA. IN THE 2019-2020 FISCAL YEAR, UWSN PROVIDED SCHOLARSHIPS TO 25 CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A UWSN PARTNERSHIP CONNECTING LOW-INCOME FAMILIES WITH CASE MANAGEMENT AND SUPPORTIVE SERVICES ON-SITE. THE MAIN GOAL OF THE PROGRAM IS TO ELIMINATE BARRIERS THAT AFFECT LOW-INCOME FAMILIES AND PROVIDE THEM WITH OPPORTUNITIES FOR ENRICHMENT, SELF-SUFFICIENCY, AND EMPOWERMENT THROUGH A DUAL-GENERATION APPROACH. 100 FAMILIES PARTICIPATED IN THE PROGRAM WITH THE AIM OF CREATING FINANCIAL STABILITY AND STRENGTHENING THE WHOLE FAMILY FOR GENERATIONS TO COME. | Return Reference | Explanation |
|--|----------------------|--|
| | PAGE 2, PART III, | IMPROVEMENT AND EXPANSION OF PRE-KINDERGARTEN SPACES WHILE PROVIDING CRITICAL WRAPAROUND SERVICES FOR VULNERABLE FAMILIES. IN 2019- 2020, UWSN PROVIDED 700 CHILDREN WITH FREE SPACES IN HIGH QUALITY EARLY EDUCATION PROGRAMS, AS WELL AS PROVIDING ESSENTIAL TEACHER TRAINING AND SUPPORTIVE SERVICES FOR LOCAL FAMILIES. UWSN HAS PARTNERED WITH 19 LOCAL EARLY EDUCATION CENTERS TO FUND EARLY CHILDHOOD EDUCATION CLASSROOMS DURING THIS 4-YEAR GRANT WITH THE GOAL OF HELPING CHILDREN LEARN TO READ, WRITE AND PROBLEM SOLVE SO THEY ARE READY FOR KINDERGARTEN. WINDSONG IS A UWSN GRANT-FUNDED PROGRAM FOCUSED ON CREATING EARLY EDUCATION ACCESS FOR ALL CHILDREN IN SOUTHERN NEVADA. IN THE 2019-2020 FISCAL YEAR, UWSN PROVIDED SCHOLARSHIPS TO 25 CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A UWSN PARTNERSHIP CONNECTING LOW-INCOME FAMILIES WITH CASE MANAGEMENT AND SUPPORTIVE SERVICES ON-SITE. THE MAIN GOAL OF THE PROGRAM IS TO ELIMINATE BARRIERS THAT AFFECT LOW-INCOME FAMILIES AND PROVIDE THEM WITH OPPORTUNITIES FOR ENRICHMENT, SELF-SUFFICIENCY, AND EMPOWERMENT THROUGH A DUAL-GENERATION APPROACH. 100 FAMILIES PARTICIPATED IN THE PROGRAM WITH THE AIM OF CREATING FINANCIAL STABILITY AND |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4B | UNITED WAY OF SOUTHERN NEVADA WORKS TO EMPOWER THE COMMUNITY WITH COMMITTED PROGRAMS DEDIC ATED TO BUILDING UP A BASE OF LOCAL ADVOCATES FOR POSITIVE CHANGE. ADVOCATES PROVIDE INCRE ASED OPERATIONAL CAPACITY FOR LOCAL PROGRAMS BOTH THROUGH FISCAL AND HUMAN RESOURCES. THRO UGH VOLUNTEERISM AND COLLABORATION, THESE ADVOCATES SET OUT TO CREATE REAL IMPACT IN SOUTH ERN NEVADA AND ADDRESS LOCAL ISSUES IN A HANDS-ON EFFORT TO IMPROVE LIVES. VOLUNTEERISM - RECRUITING INDIVIDUALS AND ORGANIZATIONS TO ACHIEVE TANGIBLE RESULTS UWSN'S COMMUNITY ENGA GEMENT TEAM ACTIVELY ENGAGES COMMUNITY MEMBERS TO WORK HAND-IN-HAND WITH NONPROFIT ORGANIZATIONS TO FOSTER A STRONG AND VIBRANT SOUTHERN NEVADA. UWSN HELPED INSPIRE, EQUIP AND MOBI LIZE PEOPLE TO CHANGE LIVES THROUGH VOLUNTEERISM. THE 2019-2020 VOLUNTEER ACCOMPLISHMENTS INCLUDE: -THE COMMUNITY BASED ORGANIZATIONSON OCTOBER 4, 2019, THE ORGANIZATION ONCE AGAIN ROOUGHT THE COMMUNITY FASED ORGANIZATIONSON OCTOBER 4, 2019, THE ORGANIZATION ONCE AGAIN ROUGHT THE COMMUNITY FOR DAY OF CARING, 1, 106 VOLUNTEERS COMPLETED PROJEC TS AT 35 LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN S OUTHERN NEVADA. IMMEDIATE NEEDS - MEETING THE BASIC NEEDS OF THE COMMUNITY VINTED WAY OF S OUTHERN NEVADA. IMMEDIATE NEEDS - MEETING THE BASIC NEEDS OF THE COMMUNITY VINTED WAY OF S OUTHERN NEVADA IS COMMITTED TO PROVIDING SERVICES TO ADDRESS THE NEEDS OF OUR COMMUNITY'S MOST VULNERABLE POPULATIONS. WE WORK WITH OUR COMMUNITY PARTINERS TO PROVIDE FOOD, HOUSING, AND UTILITY ASSISTANCE TO THOSE IN NEED OF BASIC CARE AND ASSISTANCE THROUGH THE FOLLOWIN G PROGRAMS: -PROJECT REACH (RELIEF THROUGH ENERGY ASSISTANCE TO PREVENT CUSTOMER HARDSHIPS). THIS PROGRAM HELPS VULNERABLE ADULTS OVER THE AGE OF 62 YEARS, MEDICALLY FRAGILE OR RESERVE AND NATIONAL GUARD MEMBERS WITH ANNUAL ENERGY PAYMENT ASSISTANCEIMMEDIATE NEEDS: WISNE PART NERS WITH HOUSE OF THE COMMUNITY Y NEVEDS FUNDE. THE SECRETARIA TO F THE EMERGENCY FOOD AND SHELTER PROGRAM FOR CLARK COUNTY, NEVADA. IN MARCH 2 |

Return Explanation
Reference

FORM 990, ONORS AND BEING SEPARATE AND APART FROM OUR MISSION- ORIENTED FUNCTIONS, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULT S OF THESE CONTRIBUTIONS.

| 990 | Schedule | Ο, | Supplemen | ıtal | Informat | ion |
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| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4C | COMMUNITY IMPACT INCLUDES COMMUNITY DISTRIBUTION DOLLARS FOR DONOR. DESIGNATED FUNDS, IMME DIATE NEEDS SERVICES AND UNITED WAY OF SOUTHERN NEVADA'S COMMUNITY-BASED AGENDA WHICH REPR ESENTS COMMUNITY PROJECTS FOCUSING ON SUPPORTING FAMILIES FROM CRADLE-TO-CAREER. EXPENSES INCLUDE GRANTS TO NONPROFIIT ORGANIZATIONS THAT PROVIDE SERVICES TO THE COMMUNITY PURSUANT TO THE PROGRAMS' CRITERIA AND OBJECTIVES, AND STAFF LABOR. THE COMMUNITY-BASED AGENDA INVO LVES THE PROCESS OF PLANNING AND INVESTING RESOURCES TO EFFECTIVELY ADDRESS HEALTH AND HUM AN SERVICE NEEDS AND INCLUDES OUTCOME MEASUREMENT, PLANNING AND PROBLEM-SOLVING, EARLY CHI LDHOOD EDUCATION. — HELPING CHILDREN REACH HEIR POTENTIAL UWSN AND ITS PARTINES PREPARE C HILDREN TO BE READY TO SUCCEED ONCE THEY REACH KINDERGARTEN. THE ORGANIZATION PROVIDES EAR LY EDUCATION/PRE-KINDERGARTEN SCHOLARSHIPS, TRAINS CERTIFIED EDUCATORS, ENGAGES PARENTS, AND PROVIDES SUPPORTIVE SERVICES TO FAMILIES. BY USING RESEARCH-BASED CURRICULUM AND LONG-TERM EVALUATION TO UNDERSTAND WHAT REALLY WORKS, UWSN IS WORKING TO IMPROVE EARLY CHILDHOO D EDUCATION, EARLY CHILDHOOD EDUCATION PROGRAMS INCLUDE: -EARLY EDUCATION SCHOLARSHIPS: TH ROUGH NEVADA READY AND WINDSONG, CHILDREN RECEIVE A HIGH-QUALITY EARLY EDUCATION AT LOW OR NO COST WITH THE HELP OF GRANT-FUNDED SCHOLARSHIPS. FAMILLES WITH YOUNG CHILDREN ENGAGE IN FAMILY LITERACY AND SCHOOL READINGS ACTIVITIES AT QUALITY PRESCHOOLS TO BUILD A SOLID A CADEMIC, SOCIAL AND EMOTIONAL FOUNDATION'S HOME INSTRUCTION FOR PARENTS OF PRES CHOOL YOUNGSTERS (HIPPY) PROGRAM. HIPPY SUPPORTS HIGH RISK, ECONOMICALLY DISADVANTAGED FAM ILLES AND THEIR CHILDREN BY WORKING DIRECTLY WITH PARENTS TO PREPARE THEIR CHILDREN FOR SU CCESS IN SCHOOL, INSTRUCTORS TEACH PARENTS TO ENGAGE THEIR CHILDREN'S FOUNDATION'S THE ROUNGSTERS (HIPPY) PROGRAM. HIPPY SUPPORTS HIGH RISK, ECONOMICALLY DISADVANTAGED FAM ILLES AND THEIR CHILDREN BY WORKING DIRECTLY WITH PARENTS TO PREPARE THEIR CHILDREN'S FROM THE ROUNG THE ROUNG THE RACH AND SCHOOL READINGS. THE 2019-2020 ACCOMPLIS |

| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4C | TO BULLYING BY TEACHING GIRLS ESSENTIAL LIFE SKILLS THAT PROMOTE HEALTHY, PRODUCTIVE AND INTENTIONAL BEHAVIORS USING A PHYSICAL ACTIVITY-BASED POSITIVE YOUTH DEVELOPMENT PROGRAMLAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUNDATION: JUNN FUNDS THE TEACHERS IN LIBRARIES PROGRAM OFFERING FREE AFTER-SCHOOL TUTORING, DELIVERED BY CCSD TEACHERS, IN EIGHT LIBRARY BRANCHES ACROSS THE LAS VEGAS VALLEY. THE GOAL OF THIS PROGRAM IS TO RAISE STUDENT PROFICI ENCY IN READING, WRITING, SCIENCE AND MATH TO GRADE LEVEL SO THAT THEY MAY CONTINUE TO A SUCCESSFUL HIGH SCHOOL GRADUATION AND RAISE STUDENT ACADEMIC PERFORMANCENEVADA HEALTH CE NTERS: LUNSN FUNDS THE MOBILE UNIT COALITION, A NEW INITIATIVE THAT BUILDS ON NEVADA HEALTH CENTERS' EXPERIENCE AND RESULTS ACROSS THE COUNTRY. THE PROGRAM OFFERS HIGH-IMPACT AND HO LISTIC HEALTHCARE AND CONNECT CHILDREN, FAMILIES AND YOUTH TO OTHER NEEDED SUPPORTS LIKE FOOD, HOUSING AND LEGAL ASSISTANCE, PROVIDING THE FOUNDATION NECESSARY FOR EDUCATIONAL ACHI EVEMENT. THE 2019-2020 ACCOMPLISHMENTS INCLUDE: -596 GIRLS BUILT SELF-WORTH AND CONFIDENCE THROUGH THE GIRLS ON THE RUN PROGRAM1,911 STUDENTS RECEIVED FREE AFTER-SCHOOL TUTORING AND SUPPORT FROM LOCAL TEACHERS THROUGH THE LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUND ATION2,214 YOUTH RECEIVED ESSENTIAL HEALTH SERVICES TO PROVIDE THE FOUNDATION FOR EDUCA TIONAL ACHIEVEMENT THROUGH NEVADA HEALTH CENTERS. POST-SECONDARY ATTAINMENT - IMPROVING CA REER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER, LW SN AND ITS PARTNERS SUPPORT INDIVIDUALS FROM ALL WALKS OF LIFE IN THEIR EFFORTS TO EARN A DEGREE OR CERTIFICATION. IN ORDER TO BUILD THE SKILLED AND KNOWLEDGEABLE WORKFORCE NECESSARY TO COMPETE IN A GLOBAL AND TECHNOLOGY-POCUSED ECONOMY, SOUTHERN NEVADA WILL NEED TO INC REASE ITS LEVELS OF POST-SECONDARY ATTAINMENT. BY HELPING INDIVIDUALS PREPARE FOR A COMPETE INTO A GLOBAL PROVIDE A BETTER LIFE FOR FAMILIESFULFILLMENT FUND LAS VEGAS'S POST-SECONDARY ATTAINMENT EFFORTS, PROVIDING A COMPREHENSIVE SUPP |

| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4C | R THROUGH FULFILLMENT FUND LAS VEGAS160 STUDENTS WERE INSPIRED TO GRADUATE AND BECOME L EADERS IN THEIR COMMUNITY THROUGH LEADERS IN TRAINING. WORKFORCE SUPPORTS - CREATING STABI LITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW-INCOME FAMILIES IN CLARK COUNTY, UWSN HELP S FAMILIES FIND STABILITY AT HOME AND AT WORK THROUGH SUPPORTIVE SERVICES, SUCH AS TECHNIC AL AND PROFESSIONAL SKILLS TRAINING, JOB PREPARATION AND PLACEMENT AND CERTIFICATION AND C REDENTIAL ASSISTANCE. BY CONNECTING PEOPLE TO COMMUNITY SERVICES, UWSN AND ITS PARTNERS AR E SUPPORTING THE WHOLE FAMILY AS THEY WORK TO BUILD A STRONG FOUNDATION FOR SUCCESSFOUN DATION FOR AN INDEPENDENT TOMORROW: UWSN FUNDS FOUNDATION FOR AN INDEPENDENT TOMORROW (FIT), WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE OF SOUTHERN NEVADANS THROUGH SELF-SUFFICIENT, SUSTAINABLE EMPLOYMENT AND CREATE A SKILLED WORKFORCE THAT CAN ATTRACT AND RETAIN COMPAN IES AND EXPAND EMPLOYMENT OPPORTUNITIES. FIT COMBINES ONE-ONE INTEGRATED CASE MANAGEMENT A ND A COMPREHENSIVE ARRAY OF SERVICES DIRECTED TO THE DEVELOPMENT OF WORK READINESS SOFT-SK ILLS COUPLED WITH HARD-SKILL TRAINING LEADING TO INDUSTRY RECOGNIZED CREDENTIALSNEIGHBO RHOOD NETWORK: THIS INNOVATIVE PROGRAM EMPOWERS CHILDREN AND FAMILIES IN INFORMAL EARLY ED UCATION SETTINGS BY PROVIDING CHILDREN A QUALITY EARLY EDUCATION IN THEIR NEIGHBORHOOD AND CONNECTING CAREGIVERS WITH PROFESSIONAL DEVELOPMENT, WORKFORCE TRAINING, AND EDUCATIONAL MATERIALS AND SUPPORTS. THIS PARTNERSHIP BETWEEN LAS VEGAS URBAN LEAGUE AND UWSN FOCUSES ON TRAINING FAMILY, FRIEND AND NEIGHBOR CHILDCARE PROVIDERS TO PROVIDE HIGH-QUALITY CARE. T HE 2019-2020 ACCOMPLISHMENTS INCLUDE: -699 CLIENTS RECEIVED JOB READINESS COURSES AND ONE- ON-ONE INTEGRATED CASE MANAGEMENT AT FOUNDATION FOR AN INDEPENDENT TOMORROW120 IN-HOME CHILDCARE PROVIDERS RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-QUALITY CARE. |

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 11B
THE COMPLETE IRS FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE FULL
BOARD OF DIRECTORS FOR APPROVAL BEFORE THE RETURN IS FILED. THE FORM 990 IS MADE AVAILABLE TO THE
BOARD OF DIRECTORS THROUGH AN EMAIL PRIOR TO THE BOARD MEETING.

990 Schedule O, Supplemental Information Return Explanation Reference ANNUAL DISCLOSURE REPORTS.

FORM 990, PAGE 6, PART VI,

LINE 12C

Return Explanation
Reference

LINE 15A

FORM 990, THERE IS A COMPENSATION COMMITTEE THAT REVIEWS SALARY AND INCENTIVE COMPENSATION AND MAKES PAGE 6, RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE.

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Reference

FORM 990, PAGE 6, PUBLIC THROUGH THE WEBSITE AT UWSN.ORG.

LINE 19

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Reference

LINE 9

FORM 990, DONOR DESIGNATIONS -1,288,941 DONOR DESIGNATIONS 1,288,941 PART XI.

Return Explanation

Reference

FORM 990,
PART XII
UNDERNEATH EVERYTHING WE ARE, UNDERNEATH EVERYTHING WE DO, WE ARE ALL PEOPLE. CONNECTED,
INTERDEPENDENT, UNITED. AND WHEN WE REACH OUT A HAND TO ONE, WE INFLUENCE THE CONDITION OF ALL.
THAT'S WHAT IT MEANS TO LIVE UNITED. WE ARE PART OF THE MOVEMENT TO CREATE CHANGE. WE ARE A WHOLE
THAT IS TRULY GREATER THAN THE SUM OF THE PARTS. WE ARE BUILDING SOMETHING GREATER THAN
OURSELVES. PERSON BY PERSON, WE CAN MAKE LASTING CHANGE. TOGETHER, WE ARE MAKING LASTING
CHANGE. TOGETHER. WE LIVE UNITED.