

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization: UNITED WAY OF SOUTHERN NEVADA

Doing business as:

Number and street (or P O box if mail is not delivered to street address) Room/suite: 5830 W FLAMINGO ROAD

City or town, state or province, country, and ZIP or foreign postal code: LAS VEGAS, NV 89103

D Employer identification number: 88-0071328

E Telephone number: (702) 734-2273

G Gross receipts \$ 13,005,400

F Name and address of principal officer: JOHN JOHNSON, 5830 W FLAMINGO RD, LAS VEGAS, NV 89103

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWSN ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1957

M State of legal domicile: NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PART I, LINE 1 UNITED WAY OF SOUTHERN NEVADA INC (THE ORGANIZATION OR UNITED WAY) UNITES OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES TOGETHER WE CREATE POSITIVE CHANGE BY SOLVING COMPLEX COMMUNITY PROBLEMS WE ARE ONE ORGANIZATION COLLABORATING WITH MANY TO CREATE A BETTER COMMUNITY FOR ALL

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	46
6 Total number of volunteers (estimate if necessary)	6	11,185
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,807,003	12,737,245
9 Program service revenue (Part VIII, line 2g)	4,052,249	186,280
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	647	712
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,548	81,163
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,937,447	13,005,400
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,801,438	7,757,330
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,085,484	2,418,286
16a Professional fundraising fees (Part IX, column (A), line 11e)	49,891	25,424
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,512,404		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,694,365	2,600,996
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,631,178	12,802,036
19 Revenue less expenses Subtract line 18 from line 12	-693,731	203,364

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,445,314	9,193,890
21 Total liabilities (Part X, line 26)	5,217,196	4,762,301
22 Net assets or fund balances Subtract line 21 from line 20	4,228,118	4,431,589

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2018-10-08

JOHN JOHNSON VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JESSICA P SAYLES
Preparer's signature: JESSICA P SAYLES
Date: 2018-10-29
Check if self-employed
PTIN: P01530213

Firm's name: ▶ HOULDSWORTH RUSSO & COMPANY PC
Firm's EIN: ▶ 88-0374623

Firm's address: ▶ 8675 S EASTERN AVE STE A
LAS VEGAS, NV 891232839
Phone no: (702) 269-9992

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PART III, LINE 1 UNITED WAY OF SOUTHERN NEVADA, INC (THE ORGANIZATION OR UNITED WAY) IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A LOCAL VOLUNTEER BOARD OF DIRECTORS THE ORGANIZATION WAS INCORPORATED 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 COLLABORATIVE 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 ENGAGES THE COMMUNITY IN SELECTING PARTNERS W

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	6,471,024	including grants of \$	6,078,024)	(Revenue \$	76,313)
	See Additional Data						

4b	(Code)	(Expenses \$	3,077,596	including grants of \$	1,679,305)	(Revenue \$	39,861)
	See Additional Data						

4c	(Code)	(Expenses \$	1,029,136	including grants of \$)	(Revenue \$	70,106)
	See Additional Data						

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

4e	Total program service expenses ▶	10,577,756
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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>		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? <i>If "Yes," complete Schedule C, Part III</i>		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, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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)	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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals. Row 1b Sub-Total, Row 1c Total from continuation sheets, Row 1d Total (add lines 1b and 1c) with values 652,808 and 56,364.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting and thresholds.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,010,517			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,726,728			
	g Noncash contributions included in lines 1a-1f \$ _____	32,586				
	h Total. Add lines 1a-1f		12,737,245			
Program Service Revenue		Business Code				
	2a FISCAL AGENT REVENUE	624410	76,313	76,313		
	b VOLUNTEER ENG REVENUE	812900	70,106	70,106		
	c ADMIN PROGRAM FEES	812900	23,329	23,329		
	d MISC PROGRAM FEES	624410	16,532	16,532		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		186,280				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		712		712	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		81,163				
		b Less rental expenses				
	c Rental income or (loss)	81,163				
	d Net rental income or (loss)		81,163		81,163	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		13,005,400	186,280	81,875		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,601,684	1,601,684		
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,155,646	6,155,646		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	353,778	61,260	292,518	
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	1,641,607	676,172	148,296	817,139
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,135	13,084		14,051
9 Other employee benefits	211,376	81,628	29,342	100,406
10 Payroll taxes	184,390	66,788	36,890	80,712
11 Fees for services (non-employees)				
a Management				
b Legal	500		500	
c Accounting	33,660		33,660	
d Lobbying				
e Professional fundraising services See Part IV, line 17	25,424			25,424
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)	92,365	75,192		17,173
12 Advertising and promotion	1,997	894	593	510
13 Office expenses	314,580	92,722	65,999	155,859
14 Information technology				
15 Royalties				
16 Occupancy	109,848	40,478	24,606	44,764
17 Travel	15,675	4,630	3,590	7,455
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,173	10,389	8,056	16,728
20 Interest	47,498	16,624	11,400	19,474
21 Payments to affiliates	105,150	36,803	25,236	43,111
22 Depreciation, depletion, and amortization	101,154	35,104	24,312	41,738
23 Insurance	30,416	11,208	6,813	12,395
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 COMMUNITY DISTRIBUTION	940,810	940,810		
b DONOR DESIGNATIONS	450,026	450,026		
c OUTREACH EVENT FEES	149,585	34,167		115,418
d COMMUNITY EVENTS	117,144	117,097		47
e All other expenses	55,350	55,350		
25 Total functional expenses. Add lines 1 through 24e	12,802,036	10,577,756	711,876	1,512,404
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,605,684	1	544,395
	2 Savings and temporary cash investments	1,065,576	2	1,066,330
	3 Pledges and grants receivable, net	4,139,931	3	4,990,204
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,067	9	39,895
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,283,832		
	b Less accumulated depreciation	757,716		
	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	26,950
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,445,314	16	9,193,890	
Liabilities	17 Accounts payable and accrued expenses	1,039,447	17	1,411,594
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,208,594	20	1,167,918
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,422	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,967,733	25	2,182,789
	26 Total liabilities. Add lines 17 through 25	5,217,196	26	4,762,301
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,975,625	27	3,302,186
	28 Temporarily restricted net assets	1,252,493	28	1,129,403
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,228,118	33	4,431,589
	34 Total liabilities and net assets/fund balances	9,445,314	34	9,193,890

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,005,400
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,802,036
3	Revenue less expenses Subtract line 2 from line 1	3	203,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,228,118
5	Net unrealized gains (losses) on investments	5	107
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,431,589

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Form 990 (2017)

Form 990, Part III, Line 4a:

NEVADA READY IS UNITED WAY'S GRANT-FUNDED INITIATIVE TO SUPPORT THE IMPROVEMENT AND EXPANSION OF PRE-KINDERGARTEN SPACES WHILE PROVIDING CRITICAL WRAPAROUND SERVICES FOR VULNERABLE FAMILIES. IN 2017-2018, UNITED WAY PROVIDED 961 CHILDREN WITH FREE SPACES IN HIGH QUALITY EARLY EDUCATION PROGRAMS, AS WELL AS PROVIDING ESSENTIAL TEACHER TRAINING AND SUPPORTIVE SERVICES FOR LOCAL FAMILIES. UNITED WAY HAS PARTNERED WITH 14 EARLY EDUCATION CENTERS, INCLUDING THE CLARK COUNTY SCHOOL DISTRICT, 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 UNITED WAY GRANT-FUNDED PROGRAM FOCUSED ON CREATING EARLY EDUCATION ACCESS FOR ALL CHILDREN IN SOUTHERN NEVADA. IN THE 2017-2018 FISCAL YEAR, UNITED WAY PROVIDED 100 PRESCHOOL SCHOLARSHIPS FOR LOCAL CHILDREN, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. UNITED WAY PARTNERED WITH 6 EARLY EDUCATION CENTERS TO PROVIDE SCHOLARSHIPS TO CHILDREN IN NEED. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A UNITED WAY 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. 26 FAMILIES ARE PARTICIPATING 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:

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. UNITED WAY'S COMMUNITY ENGAGEMENT TEAM ACTIVELY ENGAGES COMMUNITY MEMBERS TO WORK HAND-IN-HAND WITH NONPROFIT ORGANIZATIONS TO FOSTER A STRONG AND VIBRANT SOUTHERN NEVADA. UNITED WAY HELPED INSPIRE, EQUIP AND MOBILIZE PEOPLE TO CHANGE LIVES THROUGH VOLUNTEERISM. THE 2017-18 VOLUNTEER ACCOMPLISHMENTS INCLUDE: "THE COMMUNITY ENGAGEMENT TEAM ENGAGED 4,513 VOLUNTEERS, PROVIDING 16,628 HOURS OF VOLUNTEER SERVICE TO AREA NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS. "ON SEPTEMBER 29, 2017, THE ORGANIZATION ONCE AGAIN BROUGHT THE COMMUNITY FOR DAY OF CARING. 1,600 VOLUNTEERS COMPLETED 160 PROJECTS AT LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN SOUTHERN NEVADA. 72,000 WAS DISTRIBUTED AMONG PARTICIPATING ORGANIZATIONS TO HELP OFFSET THE COSTS OF COMPLETING THESE PROJECTS. 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 VULNERABLE 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. UNITED WAY, 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. UNITED WAY PARTNERS WITH LOCAL COMMUNITY SERVICES TO PROVIDE IMMEDIATE NEEDS ASSISTANCE AS THE SECRETARIAT OF THE EMERGENCY FOOD AND SHELTER PROGRAM FOR CLARK COUNTY, NEVADA. THE 2017-2018 ACCOMPLISHMENTS INCLUDE: "2,453 PEOPLE WERE ASSISTED WITH THEIR ENERGY BILLS. "MORE THAN 2.5 MILLION IN ASSISTANCE HAS BEEN PROVIDED FOR OUR COMMUNITY'S MOST VULNERABLE POPULATIONS THROUGH IMMEDIATE NEEDS, PROJECT REACH AND EMERGENCY FOOD AND SHELTER PROGRAM FUNDING. DURING THE 2017-2018 CAMPAIGN, UNITED WAY ALSO PROCESSED 2,129,311 IN DONOR-DESIGNATED RESTRICTED 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 INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

Form 990, Part III, Line 4c:

COMMUNITY IMPACT INCLUDES COMMUNITY DISTRIBUTION DOLLARS FOR DONOR- DESIGNATED FUNDS, IMMEDIATE NEEDS SERVICES AND THE ORGANIZATION'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 UNITED WAY 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, UNITED WAY IS WORKING TO IMPROVE EARLY CHILDHOOD EDUCATION EARLY CHILDHOOD EDUCATION PROGRAMS INCLUDE "EARLY EDUCATION SCHOLARSHIPS THROUGH NEVADA READY AND WINDSONG, CHILDREN RECEIVE A HIGH-QUALITY 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 UNITED WAY 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 2017-18 ACCOMPLISHMENTS INCLUDE "1,061 CHILDREN RECEIVED EARLY EDUCATION SCHOLARSHIPS TO GAIN A HIGH- QUALITY EARLY EDUCATION AT LOW OR NO COST TO THEIR FAMILIES "806 FAMILIES READ TOGETHER DAILY AND RECEIVED BOOKS TO BUILD AT-HOME LIBRARIES "STUDENT SUCCESS - BUILDING AN EDUCATIONAL FOUNDATION TO IMPROVE GRADUATION RATES IN CLARK COUNTY, PARTICULARLY IN THE REGION'S MOST DISADVANTAGED SCHOOLS, UNITED WAY 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, UNITED WAY AND ITS PARTNERS ARE BUILDING AN EDUCATIONAL FOUNDATION FOR SOUTHERN NEVADA HIGH SCHOOL ACHIEVEMENT PROGRAMS INCLUDE "GIRLS ON THE RUN LAS VEGAS UNITED WAY 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 UNITED WAY 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 UNITED WAY 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 2017-2018 ACCOMPLISHMENTS INCLUDE "2,486 STUDENTS PARTICIPATING IN UNITED WAY FUNDED PROGRAMS GOT ON TRACK TO GRADUATE HIGH SCHOOL "4,814 STUDENTS PARTICIPATED IN ACADEMIC RECOVERY PROGRAMS, FINANCIAL AID WORKSHOPS, AND ENRICHMENT OPPORTUNITIES POST-SECONDARY ATTAINMENT - IMPROVING CAREER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER, UNITED WAY 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, UNITED WAY IS WORKING TO IMPROVE CAREER READINESS AND PROVIDE A BETTER LIFE FOR FAMILIES "FULFILLMENT FUND LAS VEGAS UNITED WAY 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 UNITED WAY 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 2017-2018 ACCOMPLISHMENTS INCLUDE "52 COLLEGE STUDENTS WERE EMPOWERED TO RECEIVE A DEGREE AND BE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE "6 WOMEN WERE AWARDED THE EMERGING LEADERSHIP AWARD SCHOLARSHIP FOR WOMEN THROUGH THE UNITED WAY WOMEN'S LEADERSHIP COUNCIL WORKFORCE SUPPORTS - CREATING STABILITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW-INCOME FAMILIES IN CLARK COUNTY, UNITED WAY 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, UNITED WAY AND ITS PARTNERS ARE SUPPORTING THE WHOLE FAMILY AS THEY WORK TO BUILD A STRONG FOUNDATION FOR SUCCESS "FOUNDATION FOR AN INDEPENDENT TOMORROW UNITED WAY 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 UNITED WAY FOCUSES ON TRAINING FAMILY, FRIEND AND NEIGHBOR CHILDCARE PROVIDERS TO PROVIDE HIGH-QUALITY CARE THE 2017-2018 ACCOMPLISHMENTS INCLUDE "10,414 INDIVIDUALS PARTICIPATED IN JOB READINESS TRAINING AND CAREER PLANNING "4,334 CLIENTS ARE CURRENTLY EMPLOYED TO SUPPORT THEIR FAMILIES "30 IN-HOME CHILDCARE PROVIDERS RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-QUALITY CARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD GARCIA BOARD CHAIR	1 00	X		X				0	0	0
DENETTE SUDDETH VICE CHAIR	1 00	X		X				0	0	0
JOHN PAGE TREASURER	1 00	X		X				0	0	0
JIM FUCHS SECRETARY	1 00	X		X				0	0	0
CHRIS BLASER DIRECTOR	1 00	X						0	0	0
CINDY BRINKER DIRECTOR	1 00	X						0	0	0
ROBYN CASPERSON INTERIM CEO	40 00	X						82,500	0	0
PATTY CHARLTON DIRECTOR	1 00	X						0	0	0
JOE COE DIRECTOR	1 00	X						0	0	0
DEAN ELYACOUBI DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABBIE FRIEDMAN DIRECTOR	1 00	X						0	0	0
DAVID HOENEMEYER DIRECTOR	1 00	X						0	0	0
MIKE JEWELL DIRECTOR	1 00	X						0	0	0
THOMAS KOVACH JR DIRECTOR	1 00	X						0	0	0
KENT LARSON DIRECTOR	1 00	X						0	0	0
JUSTIN MICATROTTO DIRECTOR	1 00	X						0	0	0
ROY NAKAMURA DIRECTOR	1 00	X						0	0	0
GORDON PROUTY DIRECTOR	1 00	X						0	0	0
ANN SIMMONS NICHOLSON DIRECTOR	1 00	X						0	0	0
MONTE SMITH DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT SKORKOWSKY DIRECTOR	1 00	X						0	0	0
WILLIAM STANLEY DIRECTOR	1 00	X						0	0	0
CLARK WOOD DIRECTOR	1 00	X						0	0	0
CHARLES SCOTT EMERSON CEO	40 00			X				0	0	0
JAMES ROBERT MORGAN CEO THRU 201	40 00			X				145,102	0	14,500
JOHN JOHNSON VP FINANCE	40 00			X				100,906	0	13,196
TERRI JANISON VP COMM DEVE	40 00					X		113,215	0	6,968
CHRISTINE CAPPAS VP VOLUNTEER	40 00					X		109,806	0	12,799
ELAINA MULE VP COLLECTIV	40 00					X		101,279	0	8,901

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

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

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

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

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,349,760	7,777,806	7,580,462	6,807,003	12,737,245	44,252,276
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,349,760	7,777,806	7,580,462	6,807,003	12,737,245	44,252,276
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,592,500
6	Public support. Subtract line 5 from line 4						41,659,776

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	9,349,760	7,777,806	7,580,462	6,807,003	12,737,245	44,252,276
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,331	3,439	19,363	78,205	81,875	229,213
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						44,481,489
12	Gross receipts from related activities, etc (see instructions)					12	186,280

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.660 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	98.430 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	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.		
	3c		
4a	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		
b	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 supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	9	
2 Aggregate value of contributions to (during year)	253,595	
3 Aggregate value of grants from (during year)	293,946	
4 Aggregate value at end of year	135,790	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		437,000		437,000
b Buildings		2,308,641	350,264	1,958,377
c Leasehold improvements		153,219	80,289	72,930
d Equipment		384,972	327,163	57,809
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,526,116

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DESIGNATIONS	1,092,259
REFUNDABLE ADVANCES	757,197
DUE TO EXEMPT ORGANIZATIONS	333,333
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,182,789

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,102,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	107
b	Donated services and use of facilities	2b	226,620
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	226,727
3	Subtract line 2e from line 1	3	10,876,004
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65
b	Other (Describe in Part XIII)	4b	2,129,331
c	Add lines 4a and 4b	4c	2,129,396
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,005,400

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

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

1	Total expenses and losses per audited financial statements	1	10,899,260
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	226,620
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	226,620
3	Subtract line 2e from line 1	3	10,672,640
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65
b	Other (Describe in Part XIII)	4b	2,129,331
c	Add lines 4a and 4b	4c	2,129,396
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	12,802,036

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 2,129,331

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 2,129,331

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 VEGAS PBS 3050 E FLAMINGO RD LAS VEGAS, NV 89121	GRANT		No		23,144	-23,144
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					23,144	-23,144

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

NV

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

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|--|---|
| a | The organization's facility | | % |
| b | An outside facility | | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (V)	VEGAS PBS GRANT WRITING FEES

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 410

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UTILITY ASSISTANCE	2453	564,810		CASH	
(2) CRISIS FUND	48	157,651		CASH	
(3) EDUCATION PROGRAM	9225	5,383,185		CASH	
(4) IMMEDIATE NEEDS PROGRAM	26	50,000		CASH	
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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 1,287,605, CONSISTING OF 57 RECEIPIENTS IN ADDITION, THE ORGANIZATION PROVIDED 353 RECIPIENTS WITH FUNDS TOTALING 341,079 THE COMBINED TOTAL IS 1,601,684 TO 410 RECIPIENTS

Additional Data

Software ID:
Software Version:
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION DESERT SW 5190 S VALLEY VIEW BLV STE 101 LAS VEGAS, NV 89118	88-0184031	3	14,734				CHARITABLE
AMERICAN RED CROSS SOUTHERN NV CHA 1771 E FLAMINGO RD 206-B LAS VEGAS, NV 89119	88-0059285	3	17,070				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN-MIDEAST EDUCATIONAL & TRAINING SERVICES (AMIDEAST) 2025 M STREET 6TH FLOOR WASHINGTON, DC 20036	53-0243270	501C3	20,000				CHARITABLE
ANDSON FOUNDATION 11920 SOUTHERN HIGHLANDS PWY 101 LAS VEGAS, NV 89141	27-1311418	3	12,000				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA (LVAC) 7220 SOUTH PARADISE RD LAS VEGAS, NV 89119	88-0059265	3	11,991				CHARITABLE
BOYS & GIRLS CLUBS OF SO NV-LAS VEG PO BOX 26689 LAS VEGAS, NV 89126	88-0093150	3	26,593				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANDLELIGHTERS CHILDHOOD CANCER FOU 601 S RANCHO DR STE B-11 LAS VEGAS, NV 89106	94-2579116	3	9,638				CHARITABLE
CATHOLIC CHARITIES OF SOUTHERN NV 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 89101	88-0059425	3	56,167				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034	86-0227210	501C3	55,095				CHARITABLE
CHRIST'S CHURCH INC PO BOX 11803 RENO, NV 89510	94-2502226	501C3	6,078				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF NEVADA 3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	88-0292094	3	42,184				CHARITABLE
FOUNDATION FOR AN INDEPENDENT TOMORROW 1931 STELLA LAKE DRIVE LAS VEGAS, NV 89106	88-0377684	3	101,578				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR INDIANA UNIVERSITY OF PENNSYLVANIA 1011 S DRIVE SUTTON HALL G1 INDIANA, PA 15705	25-6087074	501C3	20,000				CHARITABLE
GOODWILL INDUSTRIES OF SOUTHERN NV 1280 WEST CHEYENNE AVE NORTH LAS VEGAS, NV 89030	23-7437479	3	77,236				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELP OF SOUTHERN NV 1640 E FLAMINGO ROAD STE 100 LAS VEGAS, NV 89119	88-0108496	3	16,549				CHARITABLE
INJURED POLICE OFFICERS FUND 9330 W LAKE MEAD BLVD S 130 LAS VEGAS, NV 89134	88-0197393	3	5,096				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH COUNCIL OF SOUTHERN NEVADA PO BOX 73070 LAS VEGAS, NV 89170	20-2134826	3	41,192				CHARITABLE
JUNIOR ACHIEVEMENT OF SOUTHERN NV 7220 S CIMARRON ROAD SUITE 130 LAS VEGAS, NV 89113	88-0354481	3	61,686				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF LAS VEGAS INC 861 BRIDGER AVE LAS VEGAS, NV 89101	88-0068224	3	6,452				CHARITABLE
KENT & MARSHA LARSON CHARITABLE TRU 4874 DENARO DRIVE LAS VEGAS, NV 89135	47-6356332	3	20,000				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS VEGAS MASTER SINGERS PO BOX 70055 LAS VEGAS, NV 89170	88-0308119	501C3	7,210				CHARITABLE
LEGAL AID CENTER OF SOUTHERN NV 725 E CHARLESTON BLVD LAS VEGAS, NV 89104	88-0072562	3	11,045				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES 51 N PECOS ROAD SUITES 109-113 LAS VEGAS, NV 89101	86-0845241	3	6,475				CHARITABLE
NATHAN ADELSON HOSPICE 3391 N BUFFALO ROAD LAS VEGAS, NV 89129	88-0161009	3	20,405				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA ACTION FOR CHOICE ACCESS 7829 MORGAN POINTE CIR RENO, NV 89523	82-0930795	501C3	8,848				CHARITABLE
NEVADA PARALYZED VETERANS OF AMERICA 704 S JONES BLVD LAS VEGAS, NV 89107	31-1647467	501C3	10,910				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA PARTNERSHIP FOR HOMELESS YOUTH PO BOX 20135 LAS VEGAS, NV 89112	88-0476452	501C3	13,497				CHARITABLE
NEVADA SPCA 4800 WEST DEWEY DRIVE SUITE D LAS VEGAS, NV 89118	88-0187383	3	9,406				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLIVE CREST TREATMENT CENTER 4285 N RANCHO DR STE 160 LAS VEGAS, NV 89130	95-2877102	3	6,958				CHARITABLE
OPPORTUNITY VILLAGE FOUNDATION 6300 WEST OAKY BOULEVAD LAS VEGAS, NV 89146	88-0272831	3	18,898				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAHRUMP SENIOR CENTER 1370 W BASIN AVE PAHRUMP, NV 89060	88-0428132	501C3	10,000				CHARITABLE
PLANNED PARENTHOOD OF SO NV 3220 WEST CHARLESTON BOULEVARD LAS VEGAS, NV 89102	84-0404253	3	9,011				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEWING LIFE CENTER 3243 E WARM SPRINGS RD STE 100 LAS VEGAS, NV 89120	43-2072144	3	7,647				CHARITABLE
RIVER CITIES UNITED WAY PO BOX 966 LAKE HAVASU CITY, AZ 86405	23-7373816	3	6,350				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF GREATER LAS VEGAS 2323 POTOSI STREET LAS VEGAS, NV 89146	94-3108570	3	16,110				CHARITABLE
SAFE NEST SHELTER 2915 WEST CHARLESTON BLVD STE 3A LAS VEGAS, NV 89102	94-2411883	3	18,194				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY CLARK COUNTY COMMAND PO BOX 28369 LAS VEGAS, NV 89126	88-0148782	3	14,755				CHARITABLE
SPREAD THE WORD NV INC 260 E DESERT ROSE DRIVE HENDERSON, NV 89015	22-3829041	3	63,361				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	3	8,197				CHARITABLE
ST JUDE'S RANCH FOR CHILDREN 200 WILSON CIRCLE BOULDER CITY, NV 89005	20-2917263	3	40,625				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ROSE DOMINICAN HEALTH FOUNDATION 3001 S ST ROSE PKWY HENDERSON, NV 89052	88-0349432	501C3	15,000				CHARITABLE
ST SHARBEL MARONITE CATHOLIC MISSION 6616 TREADWAY LN LAS VEGAS, NV 89103	88-0329201	501C3	10,000				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOUNDATION 4850 W FLAMINGO ROAD STE 25 LAS VEGAS, NV 89103	88-0372386	3	8,232				CHARITABLE
TECH IMPACT 417 N 8TH ST STE 203 PHILADELPHIA, PA 19123	74-3062511	501C3	50,000				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LAS VEGAS PHILHARMONIC 1412 S JONES BLVD LAS VEGAS, NV 89146	88-0398092	3	5,200				CHARITABLE
THE PUBLIC EDUCATION FOUNDATION 4350 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89119	88-0275767	3	13,429				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHADE TREE SHELTER PO BOX 669 LAS VEGAS, NV 89125	88-0253276	3	31,761				CHARITABLE
THE SMITH CENTER FOR THE PERFORMING ARTS 241 W CHARLESTON BLVD STE 111 LAS VEGAS, NV 89102	88-0361875	3	29,868				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	3	30,161				CHARITABLE
UNITED LABOR AGENCY OF NV 1201 NORTH DECATUR BOULEVARD STE 10 LAS VEGAS, NV 89108	88-0344011	3	14,485				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN NV AND THE SIERRAS 639 ISBELL RD STE 460 RENO, NV 89509	88-0059327	3	8,203				CHARITABLE
UNLV CENTER FOR ACADEMIC ENRICHMENT & OUTREACH 4505 MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	94-2790134	501C3	24,818				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNLV FOUNDATION 4505 MARYLAND PARKWAY BOX 45101 LAS VEGAS, NV 89154	88-6000024	3	74,453				CHARITABLE
VOLUNTEERS IN MEDICINE OF SO NV 1240 N MARTIN LUTHER KING BLVD LAS VEGAS, NV 89106	39-2072453	3	11,104				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE CARE FOR ANIMALS PO BOX 3028 MESQUITE, NV 89024	88-0348135	501C3	5,245				CHARITABLE
WOMEN'S DEVELOPMENT CENTER 4020 PECOS-MCLEOD LAS VEGAS, NV 89121	94-3048865	3	6,485				CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKFORCE CONNECTIONS 7251 W LAKE MEAD STE 200 LAS VEGAS, NV 89128	88-0467645	3	19,920				CHARITABLE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047
2017
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES ROBERT MORGAN CEO THRU 2017	(i)	145,102			7,192	7,308	159,602	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

Return Reference	Explanation
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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PUBLIC FINANCE AUTHORITY	27-3866124		12-01-2015	1,344,000	REFINANCING CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	1,344,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	78,337			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2015			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 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) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a 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 issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 if self-remediation is not available under applicable regulations?		X						

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RILEY CASPERSON	INT CEO FAMILY	41,846	WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	ROBYN CASPERSON, BOARD MEMBER, FILLED THE INTERIM CEO POSITION DURING THE FISCAL YEAR DURING HER TIME AS INTERIM CEO, SHE STEPPED DOWN FROM HER BOARD RESPONSIBILITIES AND WAS NOT A VOTING MEMBER OF THE BOARD WHEN THE CEO POSITION WAS FILLED, SHE RETURNED TO HER VOTING POSITION RILEY CASPERSON WAS EMPLOYED BEFORE, DURING, AND AFTER ROBYN CASPERSON'S INTERIM CEO TENURE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number
88-0071328

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	32,586	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

88-0071328

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>PART III, LINE 1 UNITED WAY OF SOUTHERN NEVADA, INC (THE ORGANIZATION OR UNITED WAY) IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A LOCAL VOLUNTEER BOARD OF DIRECTORS THE ORGANIZATION IS INCORPORATED 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 COLLABORATIVE 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 ENGAGES THE COMMUNITY IN SELECTING PARTNERS WITH INNOVATIVE APPROACHES, PROVIDES THESE ORGANIZATIONS WITH RESOURCES TO BE SUCCESSFUL AND MEASURES 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'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 NONPROFIT SUPPORT AND TECHNICAL ASSISTANCE THE ORGANIZATION ALSO ACTS AS THE FISCAL AGENT FOR SEVERAL STATE OF NEVADA GRANT PROGRAMS BENEFITING THE SOUTHERN NEVADA AREA UNITED WAY HAS LEARNED IT TAKES MORE THAN PROMISING PROGRAMS TO CHANGE CONDITIONS IN SOUTHERN NEVADA THE ORGANIZATION MOBILIZES BUSINESSES, INSTITUTIONS, NON PROFITS, AND RESIDENTS TO POSITIVELY IMPACT THE COMMUNITY AND CREATE LONG-LASTING GENERATIONAL CHANGE BY PURSUING APPROACHES THAT CAN BE MEASURED AND PROGRAMS THAT ARE PROVEN TO SUCCEED, UNITED WAY AND ITS PARTNERS ARE FIGHTING FOR THE SUCCESS OF SOUTHERN NEVADANS - AND WE WILL WIN ANNUAL FUNDRAISING CAMPAIGNS ARE CONDUCTED THROUGHOUT THE FISCAL YEAR'S ANNUAL CAMPAIGN TO SUPPORT PROGRAMS PRIMARILY IN THE SUBSEQUENT FISCAL YEAR CAMPAIGN DOLLARS SUPPORT COMMUNITY-BASED INITIATIVES, COLLECTIVE IMPACT EFFORTS, AND THE ORGANIZATION'S OPERATING EXPENSES UNITED WAY'S WORKPLACE GIVING CAMPAIGNS INCLUDE OVER 300 COMPANIES, SOLICITING HUNDREDS OF THOUSANDS OF EMPLOYEES WITH OVER 20,000 DONORS THE 2017-18 GROSS COMMUNITY CAMPAIGN RAISED 6,752,533 UNITED WAY IS MAKING A PROFOUND IMPACT IN OUR COMMUNITY THROUGH THE CARING POWER OF ITS "LEADER NETWORKS " LEADER NETWORK MEMBERS COME TOGETHER TO CREATE CHANGE WHILE BUILDING PERSONAL, PROFESSIONAL AND PHILANTHROPIC NETWORKS MEMBERS ARE PASSIONATE, DETERMINED AND ACTION-ORIENTED LEADERS WHO USE THEIR COLLECTIVE STRENGTH AND FINANCIAL POWER TO IMPROVE LIVES ON AN ANNUAL BASIS, TOCQUEVILLE SOCIETY MEMBERS CONTRIBUTE 10,000 OR MORE, WOMEN'S LEA</p>

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Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>LEADERSHIP COUNCIL MEMBERS 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 AND YOUNG PHILANTHROPIST GENERATED APPROXIMATELY 1.0 MILLION DURING THE 2017-2018 CAMPAIGN. IN 2017-18, TOCQUEVILLE SOCIETY MEMBERS GAVE 700,218 TO THE COMMUNITY. THE WOMEN'S LEADERSHIP COUNCIL RAISED 233,120 DURING THE 2017-18 CAMPAIGN, INVESTING THEIR DOLLARS IN CRUCIAL 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 ORGANIZATION'S COMMUNITY-BASED AGENDA. THIS INCREDIBLE GROUP OF WOMEN COLLECTED OVER 10,446 PROFESSIONAL ITEMS DURING THE WLC 10TH ANNUAL "WOMEN'S FALL SUIT DRIVE" ON FRIDAY, NOVEMBER 3 FOR WOMEN IN NEED. UNITED WAY'S YOUNG PHILANTHROPISTS SOCIETY (YPS) RAISED 55,046 DURING THE 2017-18 CAMPAIGN YEAR. YPS DOLLARS ARE DIRECTED TO SUPPORT THE ORGANIZATION'S MISSION AND BUILD 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 NETWORKS 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 SOUTHERN NEVADA. RESTRICTED DESIGNATIONS ARE ALSO PERMITTED TO ANY 501 (C)(3) APPROVED BY THE INTERNAL 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 TRANSPARENCY AND EFFICIENCY. EACH YEAR, A LOCAL FINANCE COMMITTEE COMPRISED OF CPAS, ACCOUNTANTS AND CORPORATE LEADERS REVIEWS THE ANNUAL BUDGET AND INTERNAL OPERATIONAL PROCEDURES. IN ADDITION, ON AN ANNUAL BASIS, AN INDEPENDENT, CERTIFIED PUBLIC ACCOUNTING FIRM CONDUCTS AN AUDIT IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS. ANNUALLY, THE AUDIT CONFIRMS UNITED WAY OF SOUTHERN NEVADA IS IN COMPLIANCE AND VOID OF MATERIAL WEAKNESSES WITH REGARD TO INTERNAL CONTROLS. FOR MORE INFORMATION, GO TO UWSN.ORG</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	WINDSONG IS A UNITED WAY GRANT-FUNDED PROGRAM FOCUSED ON CREATING EARLY EDUCATION ACCESS FOR ALL CHILDREN IN SOUTHERN NEVADA. IN THE 2017-2018 FISCAL YEAR, UNITED WAY PROVIDED 100 PRESCHOOL SCHOLARSHIPS FOR LOCAL CHILDREN, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. UNITED WAY PARTNERED WITH 6 EARLY EDUCATION CENTERS TO PROVIDE SCHOLARSHIPS TO CHILDREN IN NEED. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A UNITED WAY 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. 26 FAMILIES ARE PARTICIPATING IN THE PROGRAM WITH THE AIM OF CREATING FINANCIAL STABILITY AND STRENGTHENING THE WHOLE FAMILY FOR GENERATIONS TO COME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>TO WORK HAND-IN-HAND WITH NONPROFIT ORGANIZATIONS TO FOSTER A STRONG AND VIBRANT SOUTHERN NEVADA UNITED WAY HELPED INSPIRE, EQUIP AND MOBILIZE PEOPLE TO CHANGE LIVES THROUGH VOLUNTEERISM THE 2017-18 VOLUNTEER ACCOMPLISHMENTS INCLUDE "THE COMMUNITY ENGAGEMENT TEAM ENGAGED 4,513 VOLUNTEERS, PROVIDING 16,628 HOURS OF VOLUNTEER SERVICE TO AREA NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS "ON SEPTEMBER 29, 2017, THE ORGANIZATION ONCE AGAIN BROUGHT THE COMMUNITY FOR DAY OF CARING 1,600 VOLUNTEERS COMPLETED 160 PROJECTS AT LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN SOUTHERN NEVADA 72,000 WAS DISTRIBUTED AMONG PARTICIPATING ORGANIZATIONS TO HELP OFFSET THE COSTS OF COMPLETING THESE PROJECTS 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 VULNERABLE 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 UNITED WAY, 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 UNITED WAY PARTNERS WITH LOCAL COMMUNITY SERVICES TO PROVIDE IMMEDIATE NEEDS ASSISTANCE AS THE SECRETARIAT OF THE EMERGENCY FOOD AND SHELTER PROGRAM FOR CLARK COUNTY, NEVADA THE 2017-2018 ACCOMPLISHMENTS INCLUDE "2,453 PEOPLE WERE ASSISTED WITH THEIR ENERGY BILLS "MORE THAN 2.5 MILLION IN ASSISTANCE HAS BEEN PROVIDED FOR OUR COMMUNITY'S MOST VULNERABLE POPULATIONS THROUGH IMMEDIATE NEEDS, PROJECT REACH AND EMERGENCY FOOD AND SHELTER PROGRAM FUNDING DURING THE 2017-2018 CAMPAIGN, UNITED WAY ALSO PROCESSED 2,129,311 IN DONOR-DESIGNATED RESTRICTED 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 INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS</p>

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Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>UNITED WAY AND ITS PARTNERS PREPARE CHILDREN TO BE READY TO SUCCEED ONCE THEY REACH KINDER GARTEN THE ORGANIZATION PROVIDES EARLY EDUCATION/PRE- KINDERGARTEN SCHOLARSHIPS, TRAINS C ERTIFIED EDUCATORS, ENGAGES PARENTS, AND PROVIDES SUPPORTIVE SERVICES TO FAMILIES BY USIN G RESEARCH-BASED CURRICULUM AND LONG-TERM EVALUATION TO UNDERSTAND WHAT REALLY WORKS, UNIT ED WAY IS WORKING TO IMPROVE EARLY CHILDHOOD EDUCATION EARLY CHILDHOOD EDUCATION PROGRAMS INCLUDE "EARLY EDUCATION SCHOLARSHIPS THROUGH NEVADA READY AND WINDSONG, CHILDREN RECEIV E A HIGH-QUALITY EARLY EDUCATION AT LOW OR NO COST WITH THE HELP OF GRANT-FUNDED SCHOLARSH IPS FAMILIES WITH YOUNG CHILDREN ENGAGE IN FAMILY LITERACY AND SCHOOL READINESS ACTIVITIE S AT QUALITY PRESCHOOLS TO BUILD A SOLID ACADEMIC, SOCIAL AND EMOTIONAL FOUNDATION FOR THE IR CHILD TO SUCCEED "SUNRISE CHILDREN'S FOUNDATION UNITED WAY FUNDS SUNRISE CHILDREN'S F OUNDATION'S HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI) PROGRAM HIPPI SU PPORTS HIGH RISK, ECONOMICALLY DISADVANTAGED FAMILIES AND THEIR CHILDREN BY WORKING DIRECT LY 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 RE ADINESS THE 2017-18 ACCOMPLISHMENTS INCLUDE "1,061 CHILDREN RECEIVED EARLY EDUCATION SCH OLARSHIPS TO GAIN A HIGH-QUALITY EARLY EDUCATION AT LOW OR NO COST TO THEIR FAMILIES "80 6 FAMILIES READ TOGETHER DAILY AND RECEIVED BOOKS TO BUILD AT-HOME LIBRARIES STUDENT SUCC ESS - BUILDING AN EDUCATIONAL FOUNDATION TO IMPROVE GRADUATION RATES IN CLARK COUNTY, PART ICULARLY IN THE REGION'S MOST DISADVANTAGED SCHOOLS, UNITED WAY HELPS HIGH SCHOOL STUDENTS REACH GRADUATION DAY BY PROVIDING THE KNOWLEDGE AND SKILLS NEEDED TO GRADUATE BY SUPPORT ING STUDENTS THROUGH HIGH SCHOOL AND ENSURING THEY GRADUATE READY TO SUCCEED IN COLLEGE AN D CAREER, UNITED WAY AND ITS PARTNERS ARE BUILDING AN EDUCATIONAL FOUNDATION FOR SOUTHERN NEVADA HIGH SCHOOL ACHIEVEMENT PROGRAMS INCLUDE "GIRLS ON THE RUN LAS VEGAS UNITED WAY FUNDS GIRLS ON THE RUN LAS VEGAS (GOTR), A PROGRAM THAT INSPIRES GIRLS TO BE JOYFUL, HEALTH Y AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY INTEGRATES RUNN ING GOTR TACKLES FACTORS THAT LEAD TO BULLYING BY TEACHING GIRLS ESSENTIAL LIFE SKILLS TH AT PROMOTE HEALTHY, PRODUCTIVE AND INTENTIONAL BEHAVIORS USING A PHYSICAL ACTIVITY-BASED P OSITIVE YOUTH DEVELOPMENT PROGRAM "LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT UNITED WAY FU NDS THE TEACHERS IN LIBRARIES PROGRAM OFFERING FREE AFTER-SCHOOL TUTORING, DELIVERED BY CC SD TEACHERS, IN EIGHT LIBRARY BRANCHES ACROSS THE LAS VEGAS VALLEY THE GOAL OF THIS PROGR AM 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 UNITED WAY FUNDS THE MOBILE UNIT COALITION, A NEW INI TIATIVE THAT BUILDS ON NEVADA</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>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 2017-2018 ACCOMPLISHMENTS INCLUDE "2,486 STUDENTS PARTICIPATING IN UNITED WAY FUNDED PROGRAMS GOT ON TRACK TO GRADUATE HIGH SCHOOL "4,814 STUDENTS PARTICIPATED IN ACADEMIC RECOVERY PROGRAMS, FINANCIAL AID WORKSHOPS, AND ENRICHMENT OPPORTUNITIES POST-SECONDARY ATTAINMENT - IMPROVING CAREER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER, UNITED WAY 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, UNITED WAY IS WORKING TO IMPROVE CAREER READINESS AND PROVIDE A BETTER LIFE FOR FAMILIES "FULFILLMENT FUND LAS VEGAS UNITED WAY 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 UNITED WAY 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 2017-2018 ACCOMPLISHMENTS INCLUDE "52 COLLEGE STUDENTS WERE EMPOWERED TO RECEIVE A DEGREE AND BE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE "6 WOMEN WERE AWARDED THE EMERGING LEADERSHIP AWARD SCHOLARSHIP FOR WOMEN THROUGH THE UNITED WAY WOMEN'S LEADERSHIP COUNCIL WORKFORCE SUPPORTS - CREATING STABILITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW-INCOME FAMILIES IN CLARK COUNTY, UNITED WAY 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, UNITED WAY AND ITS PARTNERS ARE SUPPORTING THE WHOLE FAMILY AS THEY WORK TO BUILD A STRONG FOUNDATION FOR SUCCESS "FOUNDATION FOR AN INDEPENDENT TOMORROW UNITED WAY FUNDS FOUNDATION FOR AN INDEPENDENT TOMORROW (FIT), WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE OF SOUTHERN NEVADANS THROUGH SELF-SUFFICIENT, SUSTAINABLE EMPLOYMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	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 UNITED WAY FOCUSES ON TRAINING FAMILY, FRIEND AND NEIGHBOR CHILDCARE PROVIDERS TO PROVIDE HIGH-QUALITY CARE THE 2017-2018 ACCOMPLISHMENTS INCLUDE "10,414 INDIVIDUALS PARTICIPATED IN JOB READINESS TRAINING AND CAREER PLANNING "4,334 CLIENTS ARE CURRENTLY EMPLOYED TO SUPPORT THEIR FAMILIES "30 IN-HOME CHILDCARE PROVIDERS RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-QUALITY CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JOE MICATROTTO JUSTIN MICATROTTO DIRECTOR DIRECTOR SIBLINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURE REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THERE IS A COMPENSATION COMMITTEE THAT REVIEWS SALARY AND INCENTIVE COMPENSATION AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S ANNUAL AUDITED FINANCIAL STATEMENTS AND TAX FORM 990'S ARE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE AT UWSN ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONOR DESIGNATIONS -2,129,331 DONOR DESIGNATIONS 2,129,331

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMERICORPS VISTA PROGRAM 5830 W FLAMINGO RD LAS VEGAS, NV 89130 90-0808022	VISTA PROG	NV			UNITED WAY

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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