**Return of Organization Exempt From Income Tax** 

2018

DLN: 93493150010410 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

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

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

		2019 6	ı alendar year, or tax year beginning 07-01-2018   , and en	ding 06-30	2019					
		pplicable:	C Name of organization	unig co so	2013		Emplo	yer ident	ification nu	 mber
		change	UNITED WAY OF SOUTHERN NEVADA				88-007	71328		
	me cha	-	Doing business as				00-00	/1320		
	tial ret	:urn n/terminated	Dullig busiliess as							
		return	Number and street (or P.O. box if mail is not delivered to street addres	ss) Room/sui	te	□	Telepho	one numb	er	
		on pending	5830 W FLAMINGO ROAD				(702)	734-227	'3	
			City or town, state or province, country, and ZIP or foreign postal code	<u> </u>						
			LAS VEGAS, NV 89103				Gross r	eceipts \$	16,308,310	
			F Name and address of principal officer:		H(a) I	s this a	group r	eturn fo	<u> </u>	
			KYLE RAHN 5830 W FLAMINGO RD			ubordina			□Ye	s 🗹 No
			LAS VEGAS, NV 89103			Are all suncluded?		ates	□Y€	s 🗆 No
[ Tax	k-exem	npt status:	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b> (insert no.) <b>□</b> 4947(a)(1) or	☐ 527				list. (se	e instructio	ns)
J W	ebsite	e:▶ WW	/W.UWSN.ORG		H(c) (	Group ex	emptio	n numbe	er 🟲	
					_			1		
<b>∢</b> Forn	n of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ►		<b>L</b> Year of	formation	ı: <b>1</b> 957	M Stat	e of legal dor	nicile: NV
De	ırt I	Cum	mary							
Га			cribe the organization's mission or most significant activities:							
	L	JNITĖD W	'AY OF SOUTHERN NEVADA INC. (THE ORGANIZATION OR UNIT							
e O	I		R WE CREATE POSITIVE CHANGE BY SOLVING COMPLEX COMMI IY TO CREATE A BETTER COMMUNITY FOR ALL.	JNITY PROB	BLEMS. W	E ARE O	NE OR	GANIZAT	TION COLLA	BORATING
Ĕ	-		TO SKEATE A BETTER SOFT TO WALL							
e E	-									
Governance	_	Charlette				250/ -6	:44			
ر او			s box ▶			25% 01	its net	assets.		22
Activities &	l		of independent voting members of the governing body (Part VI,					4		22
Ě			nber of individuals employed in calendar year 2018 (Part V, line	•				5		51
<u> </u>	6	Total nun	nber of volunteers (estimate if necessary)					6		11,073
•	7a	Total unr	elated business revenue from Part VIII, column (C), line 12 .					7	a	
	ь	Net unrel	ated business taxable income from Form 990-T, line 34					71	5	
						Prior '	Year		Current	Year
Q)	8	Contribut	ions and grants (Part VIII, line 1h)				12,737	,245	1	5,895,849
Ravenue	9	Program	service revenue (Part VIII, line 2g)				186	,280		301,38
λč	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		712				1,05	
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				81	,163		110,02
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A),	line 12)			13,005	,400	1	16,308,310
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	•		7,757,330				9,850,38
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)							(
&	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lir	nes 5-10)			2,418	,286		1,940,92
ens	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				25	,424		
Exp enses	l		raising expenses (Part IX, column (D), line 25) ▶1,347,524							
ш	l		penses (Part IX, column (A), lines 11a-11d, 11f-24e)				2,600			4,132,550
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25	•			12,802	· -	1	15,923,86
(A)	19	Revenue	less expenses. Subtract line 18 from line 12	• •				,364		384,446
Net Assets or Fund Balances					Begin	ning of (	urrent	Year	End of \	'ear
SS el Sala Sala	20	Total ass	ets (Part X, line 16)				9,193	,890	1	1,388,20
Ž Z	l		ilities (Part X, line 26)				4,762	,301		6,572,302
ΣĒ	22	Net asset	s or fund balances. Subtract line 21 from line 20				4,431	,589		4,815,900
Pa	rt II	Sign	ature Block							
			erjury, I declare that I have examined this return, including acc f, it is true, correct, and complete. Declaration of preparer (othe							
	euge nowle		i, it is true, correct, and complete. Declaration of preparer (other	zi tilali olile	er) is bas	seu on a	1 11110111	nation of	willch prep	Jailet Has
		<b>                                   </b>								
			re of officer			2019-1: Date	<u>l-04</u>			
Sign Here		1,005	A.W. 070							
1010	•		AHN CEO r print name and title							
		17	rint/Type preparer's name Preparer's signature		ate	Т		PTIN		
Paid	1	[	, ,		019-12-04	Check self-em		P015302	13	
	a oare	er F	irm's name ► HOULDSWORTH RUSSO & COMPANY PC			_		8-037462	3	
-	On	⊢	irmin address • 067E C FACTERN AVE CTE A			n'		. 262	2	
. J C	JIII	ا و.	irm's address ▶ 8675 S EASTERN AVE STE A			Phone r	10. (702)	) 269-999	2	
			LAS VEGAS, NV 891232839					_		
Чау t	he IRS	S discuss	this return with the preparer shown above? (see instructions)					. 🗸	Yes 🗌 N	D

Cat. No. 11282Y

Form **990** (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018)					Page <b>2</b>							
Pa	rt III Statement	of Program Servic	e Accomplis	hments									
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗹							
1	Briefly describe the o	rganization's mission:											
VOLUTHE ( UNIT BETT AGEN FUNE SUPP	INTEER BOARD OF DIR DRGANIZATION IS ON E OUR COMMUNITY TO ER COMMUNITY FOR A ICY CAN SOLVE ALONE IS, VOLUNTEERS, AND ORTING CHILDREN AN	ECTORS. THE ORGANI. E OF MORE THAN 1,200 IMPROVE PEOPLE'S LI ALL. UNITED WAY IS WO E. THE ORGANIZATION SUPPORT TO SCALE T	ZATION WAS INDEF CVES. THE ORGA ORKING WITH A BRINGS STRAT HE WORK OF PA NDLE TO CAREE	NCORPORATED IN 1957 VENDENT UNITED WAYS AND THROUGH STRATE VEGY AND OCTANE TO VARTNERS IN THE COMM	NOT-FOR-PROFIT CORPORATION AND ITS OPERATIONS ARE PRIM. ACROSS THE COUNTRY. UNITED TIVE AND COLLABORATIVE IN THE GIC PARTNERS TO ADDRESS THE CONVERSATION, CREATING MUNITY. WITH THESE PARTNERS, UNITY-BASED AGENDA. UNITED V	ARILY IN CLARK COUNTY. WAY'S MISSION IS TO EIR EFFORTS TO CREATE A ISSUES THAT NO ONE IOMENTUM THROUGH UNITED WAY IS							
2	-	undertake any significa r 990-EZ?		vices during the year w	hich were not listed on	□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	Section 501(c)(3) an		ns are required	to report the amount	largest program services, as mea of grants and allocations to others								
4a	(Code: See Additional Data	) (Expenses \$	9,994,201	including grants of \$	8,916,600 ) (Revenue \$	)							
4b	(Code: See Additional Data	) (Expenses \$	3,168,668	including grants of \$	933,787 ) (Revenue \$	301,387)							
4c	(Code:	) (Expenses \$	590,794	including grants of \$	) (Revenue \$	)							
	See Additional Data												
4d	Other program service	ces (Describe in Schedu	ıle O.)										
	(Expenses \$	incl	uding grants of	\$	)								
4e	Total program serv	ice expenses >	13,753,6	63		-							

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 No 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? 5 No 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? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Νo 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

orm	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
!5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
6	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?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   81		Yes	No

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

**1**c

b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: ▶\_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .. 5a Nο Nο Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h

If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Nο solicit any contributions that were not tax deductible as charitable contributions? . . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6h Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g Nο If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Nο Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 No

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a No **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h No **Section 501(c)(7) organizations.** Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders . . 11a

**b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form 990 (2018)

Form	990 (2018)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗸
Se	ction A. Governing Body and Management		37	
1a	Enter the number of voting members of the governing body at the end of the tax year 22		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  KAHOKU HENSON 5830 W FLAMINGO LAS VEGAS, NV 89103 (702) 892-2320			
				0 (2010)

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.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t che x, u h an	eck me nless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	_		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DENETTE SUDDETH BOARD CHAIR	1.00	Х		x				0	0	0
(2) THOMAS KOVACH JR VICE CHAIR	1.00	Х		x				0	0	0
(3) JOHN PAGE TREASURER	1.00	Х		х				0	0	0
(4) JIM FUCHS SECRETARY	1.00	Х		x				0	0	0
(5) SUSAN BEST DIRECTOR	1.00	Х						0	0	0
(6) CHRIS BLASER DIRECTOR	1.00	Х						0	0	0
(7) VR BOHMAN DIRECTOR	1.00	х						0	0	0
(8) CINDY BRINKER INTERIM CEO	1.00	Х						0	0	0
(9) ROBYN CASPERSON DIRECTOR	1.00	Х						23,125	0	0
(10) PATTY CHARLTON DIRECTOR	1.00							0	0	0
(11) JOE COE DIRECTOR	1.00	Х						0	0	0
(12) ABBIE FRIEDMAN DIRECTOR	1.00	Х						0	0	0
(13) EDWARD GARCIA DIRECTOR	1.00	Х						0	0	0
(14) DAVID HOENEMEYER DIRECTOR	1.00	Х						0	0	0
(15) MIKE JEWELL DIRECTOR	1.00	Х						0	0	0
(16) KENT LARSON DIRECTOR	1.00	Х						0	0	0
(17) JUSTIN MICATROTTO	1.00	X						0	0	0

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and Title	(B) Average hours per week (list any hours for related	Position than o	on (do	(C) lo not lox, u an off ctor/t	c) ot che unles fficer truste	eck moss ss pers r and a tee)	ore son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estir amount compe	F) mated c of other ensation n the ation and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1055-11150)	(W- 2/1099- MISC)	rela	ation and ated izations
(18) ROY NAKAMURA	1.00	x	'	'	'	'	'	0	0		0
DIRECTOR		<u> </u>	<u> </u> '	<u></u>	⊥_′	<u> </u> '	∟'		ļ		
(19) GORDON PROUTY	1.00	X	'	'	'	'	'	ا		,	0
DIRECTOR	<u> </u>	····^	<u> </u>	⊥_′	⊥'	⊥'	'∟⊥	Ĩ		1	
(20) ANN SIMMONS NICHOLSON	1.00	X	[ '	[ '	'	[ '	[ '	0	0	Ţ	0
DIRECTOR	†'' <u></u>	····^	L'	<u>_</u> '	<u>_</u> '	'	<u>L'</u>		l	′l	
(21) MONTE SMITH	1.00								,		
DIRECTOR	†···	×	'	'	'	'	'	0	0	ή	0
(22) CLARK WOOD	1.00							1			
DIRECTOR		×	'	'	'	'	'	0	0	기	0
(23) KYLE RAHN	40.00	$\vdash \vdash \vdash$	$\Box$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>		+	
CEO	40.00	ļ '	'	X	'	'	1 '	0	0	기	0
(24) CHADLES SCOTT EMEDSON	10.00	$\vdash \vdash \vdash$	<del></del>	$\vdash$	+	<del></del>	$\vdash$	<del>                                     </del>	<del>                                     </del>	+	
	40.00	1 '	'	X	'	'	1 '	123,989	0		10,976
CEO THRU 201 (25) JOHN JOHNSON			<del></del> '	<del> </del>	+'	<del></del> '	+	<del>                                     </del>	<del> </del>	+	
	40.00		'	x	'	'	1 '	114,333	0		13,978
VP FINANCE	ļ	ļ/	<u></u>	—′	—′	<b></b> '	<b>├</b> _'			<del> </del>	
<u>,</u>		!	_'	_'	_'	'	_'	!		l	
1b Sub-Total		-	-	-	•	<u>-</u> [-	_				
c Total from continuation sheets to Part					*	<u> </u>	_				
d Total (add lines 1b and 1c)				<u>.                                    </u>	•	<u>*                                    </u>	_	261,447			24,954
2 Total number of individuals (including but of reportable compensation from the org		those lis	sted a	abov	/e) v	vho re	ceive	ed more than \$100	,000		
										Yes	No
3 Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>											No
4 For any individual listed on line 1a, is the organization and related organizations gr										<u></u>	+
individual									4	.	No
5 Did any person listed on line 1a receive of services rendered to the organization? If									dual for		
,	, , , , , , , , , , , , , , , , , , ,			_	_		_			<u>'</u>	No
Section B. Independent Contractors  Complete this table for your five highest		denond							100 000 of compo	ion	
1 Complete this table for your five highest from the organization. Report compensation										nsation	
	(A)								(B)		(C)
	business address								tion of services	Compe	ensation
DISCOVERY GARDENS CHILDCARE, 4930 E BONANZA CHILD CARE										374,930	
LAS VEGAS, NV 89110											
				—						+	
								<del></del>		+	
2 Total number of independent contractors (i compensation from the organization ▶ 1	ncluding but not	t limited	I to ti	hose	list و	ed abo	ve)	who received more	than \$100,000 of	f	

Part		Statement of	Revenue										rage 3
		Check if Schedul	e O contains	a respo	onse or r	ote to an	y line in th	nis Part VIII					. 🗆
								<b>A)</b> evenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	l Re exclu tax und	(D) evenue ided from der sections 2 - 514
	1:	a Federated campaig	ns	1a					16	/enue			2 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		1b									
Gra not		<b>c</b> Fundraising events		1c									
ts, T		<b>d</b> Related organizatio		1d	<u> </u>								
ia ei		e Government grants (co	ontributions)	1e	l	5,788,795							
ns, Sim		f All other contributions,			l								
er S		and similar amounts no above	ot included	1f	1	.0,107,054							
뺼		g Noncash contribution	ons included										
ont nd (		in lines 1a - 1f:\$	46										
<del>ة</del> C		<b>h Total.</b> Add lines 1a	-11	•	• •	· •		5,895,849					
H.e	_	MEETINGS AND EVENTS				Busines	s Code	3	01,387	301	,387		
Program Service Revenue	2a	MEETINGS AND EVENTS	•				624410				,		
e R	b	<b>-</b>		_									
rvic	C			_									
જ	d												
Jran	e f	All other program se											
Pro		<b>Total.</b> Add lines 2a-2					301,387						
		Investment income (ii			interest.	and other	. ]		Τ				
	5	similar amounts) .				1	<u> </u>	1,05	2				1,052
		Income from investme					<u> </u>						
	5	Royalties	(i) Rea			ersonal	<u>▶  </u>		1				
	6a	Gross rents	(i) itea		(11)	Croonar							
				84,987									
	ľ	Less: rental expenses											
	•	Rental income or (loss)		84,987									
	,	d Net rental income o	r (loss)				_	84,98	7				84,987
		- Net rental income o	(i) Securit			• • • Other							
	<b>7</b> a	Gross amount from sales of	( )		,								
		assets other than inventory											
	_	•											
	ľ	tess: cost or other basis and											
		sales expenses Gain or (loss)											
	c	d Net gain or (loss) .				<b>&gt;</b>							
۵.	<b>8</b> a	Gross income from fo		ents of									
Other Revenue		contributions reporte	ed on line 1c).		]								
e v		See Part IV, line 18											
r R		Less: direct expense Net income or (loss)		<b>b</b> sing ev	ents .								
the		Gross income from g		-		<u> </u>							
0		See Part IV, line 19		a	ĺ								
	Ŀ	Less: direct expense	s	b									
		Net income or (loss)		activit	ies .	. •							
	10	aGross sales of invent returns and allowand											
		retarns and anoware		a	] [								
	Ł	Less: cost of goods s	sold	b									
	(	Net income or (loss)		inven									
	11	Miscellaneous  La MISCELLANEOUS	Revenue		Busin	ess Code 54190	20	25,03	5				25,035
		MISCELLANEOUS				5 1190		23,00					25,000
	Ŀ	<u> </u>					+						
	_												
	ď						+					+	
	ď	d All other revenue .					1						
	•	<b>Total.</b> Add lines 11a	-11d			•		25,03	5				
	12	<b>2 Total revenue.</b> See	Instructions.					16,308,31		301,387			111,074
								10,000,01	-1	301,307	<u> </u>	Form	990 (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	lete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,582,742	1,582,742	3 - · · · · · · · · · · · · · · · · · ·	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,267,645	8,267,645		
<b>3</b> 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				,
<b>5</b> Compensation of current officers, directors, trustees, and key employees	254,175	4,533	246,295	3,347
<b>6</b> 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	1,390,357	644,571	143,568	602,218
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	93	93		
9 Other employee benefits	147,755	60,333	30,941	56,481
<b>10</b> Payroll taxes	148,547	59,564	31,687	57,296
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	39,388		39,388	
d Lobbying				
e Professional fundraising services. See Part IV, line 17		lu lu		
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)	415,151	267,848	100,830	46,473
12 Advertising and promotion	25,496	2,000	162	23,334
13 Office expenses	401,388	124,994	95,147	181,247
14 Information technology				
15 Royalties	121 000	63.346	20.275	20.277
16 Occupancy	131,098 21,539	62,346	29,375	39,377
17 Travel	21,339	15,014	471	6,054
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	46,272	19,494	12,505	14,273
<b>20</b> Interest	52,604	16,834	15,781	19,989
21 Payments to affiliates	119,998	38,400	35,999	45,599
22 Depreciation, depletion, and amortization	103,346	32,841	30,955	39,550
23 Insurance	31,694	10,142	9,508	12,044
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 DONOR DESIGNATIONS	1,911,966	1,911,966		
<b>b</b> COMMUNITY DISTRIBUTION	327,632	327,632		
c OTHER PROGRAM SUPPLIES	285,478	285,478		
d OUTREACH EVENTS	200,277	52		200,225
e All other expenses	19,158	19,141		17
25 Total functional expenses. Add lines 1 through 24e	15,923,864	13,753,663	822,677	1,347,524
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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*	ai L A	balance sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	544,395	1	1,882,710
	2	Savings and temporary cash investments	1,066,330	2	1,067,183
	3	Pledges and grants receivable, net	4,990,204	3	5,795,765
	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)			

Page **11** 

	6
Assets	7 8 9 10a
	b
	11
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Assets	8
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Liabilities	23

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34

							T ·
	1	Cash-non-interest-bearing			544,395	1	1,882,710
	2	Savings and temporary cash investments .		[	1,066,330	2	1,067,183
	3	Pledges and grants receivable, net			4,990,204	3	5,795,765
	4	Accounts receivable, net				4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	loyees. Complete		5		
ste	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	section 501(c)(9)		6		
Assets	8	Inventories for sale or use			8		
ď	9	Prepaid expenses and deferred charges			39,895	9	38,590
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,465,016			
	b	Less: accumulated depreciation	10b	861,062	2,526,116	10c	2,603,954
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities. See Part IV, line		12			
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			26,950	15	
	16	Total assets.Add lines 1 through 15 (must equ	ual line 34	4)	9,193,890	16	11,388,202
	17	Accounts payable and accrued expenses			1,411,594	17	3,470,782
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		[	1,167,918	20	1,128,402
S	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iat		persons. Complete Part II of Schedule L $$ .				22	
_	23	Secured mortgages and notes payable to unrela	ated third	l parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	2,182,789	25	1,973,118		
	26	Total liabilities. Add lines 17 through 25			4,762,301	26	6,572,302
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			3,302,186	27	3,236,994
<u>a</u>	27		1,129,403	27 28	1,578,906		
<u>a</u>	28	Temporarily restricted net assets			1,129,403	28	1,570,900
Fund	29	Permanently restricted net assets	(460.00	:0)		29	
피		Organizations that do not follow SFAS 117	(ASC 95	oo),			

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	3 302 186	27	3 236 994
Total liabilities. Add lines 17 through 25	4,762,301	26	6,572,302
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	2,182,789	25	1,973,118
Unsecured notes and loans payable to unrelated third parties		24	
becared mortgages and notes payable to amerated and parties		1	

31

32

33

34

4,815,900

11,388,202

Form **990** (2018)

4,431,589

9,193,890

Net Assets or Fund Balanc check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . 30

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form 990 (2018)

#### Additional Data

Software ID:

**Software Version:** 

EIN: 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Form 990 (2018)

#### 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 2018-2019, UNITED WAY PROVIDED 1,257 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 19 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 2018-2019 FISCAL YEAR, UNITED WAY PARTNERED WITH 10 EARLY EDUCATION CENTERS TO PROVIDE SCHOLARSHIPS TO CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A 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-FOR GENERATION APPROACH. 50 FAMILIES WILL PARTICIPATE 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:

RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

VOLUNTEERISM AND COLLABORATION, THESE ADVOCATES SET OUT TO CREATE REAL IMPACT IN SOUTHERN NEVADA AND ADDRESS LOCAL ISSUES IN A HANDS-ON FEFORT 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 2018-19 VOLUNTEER

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

ACCOMPLISHMENTS INCLUDE: -THE COMMUNITY ENGAGEMENT TEAM ENGAGED 1.106 VOLUNTEERS TO PROVIDE VOLUNTEER SERVICE TO AREA NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS. -ON OCTOBER 5, 2018, THE ORGANIZATION ONCE AGAIN BROUGHT THE COMMUNITY FOR DAY OF CARING, OVER 1,000 VOLUNTEERS COMPLETED PROJECTS AT 78 LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN SOUTHERN NEVADA. 75,500 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 2018-2019 ACCOMPLISHMENTS INCLUDE: -2,337 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 2018-2019 CAMPAIGN, UNITED WAY ALSO PROCESSED 3,168,668 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

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 OUALITY 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 2018-19 ACCOMPLISHMENTS INCLUDE: -1,257 CHILDREN RECEIVED EARLY EDUCATION SCHOLARSHIPS TO GAIN A HIGH- OUALITY EARLY EDUCATION AT LOW OR NO COST TO THEIR FAMILIES. -30 FAMILIES WERE INSPIRED TO BECOME THEIR CHILDREN'S FIRST TEACHERS THROUGH THE HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS PROGRAM. STUDENT SUCCESS - BUILDING AN EDUCATIONAL FOUNDATION TO IMPROVE GRADUATION RATES IN CLARK COUNTY, PARTICULARLY IN THE REGION'S MOST DISADVANTAGED SCHOOLS, 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 FOUNDATION: 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 2018-2019 ACCOMPLISHMENTS INCLUDE: -572 GIRLS BUILT SELF-WORTH AND CONFIDENCE THROUGH THE GIRLS ON THE RUN PROGRAM. -2.089 STUDENTS RECEIVED FREE AFTER-SCHOOL TUTORING AND SUPPORT FROM LOCAL TEACHERS THROUGH THE LAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUNDATION. -774 YOUTH RECEIVED ESSENTIAL HEALTH SERVICES TO PROVIDE THE FOUNDATION FOR EDUCATIONAL ACHIEVEMENT THROUGH NEVADA HEALTH CENTERS. POST-SECONDARY ATTAINMENT - IMPROVING CAREER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER. 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 2018-2019 ACCOMPLISHMENTS INCLUDE: -365 HIGH SCHOOL STUDENTS RECEIVED TOOLS TO GRADUATE AND ACHIEVE FUTURE SUCCESS IN COLLEGE AND CAREER THROUGH FULFILLMENT FUND LAS VEGAS. -154 STUDENTS WERE INSPIRED TO GRADUATE AND BECOME LEADERS IN THEIR COMMUNITY THROUGH LEADERS IN TRAINING. WORKFORCE SUPPORTS - CREATING STABILITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW-INCOME FAMILIES IN CLARK COUNTY, 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 2018-2019 ACCOMPLISHMENTS INCLUDE: -478 CLIENTS RECEIVED JOB READINESS COURSES AND ONE-ON-ONE INTEGRATED CASE MANAGEMENT AT FOUNDATION FOR AN INDEPENDENT TOMORROW. -150 IN-HOME CHILDCARE PROVIDERS RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-QUALITY CARE.

efile	e GRA	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493150010410
SCI	1FD	ULE A	Dublic 4	Charity State:	c and Dul	olio Gunn	ort	OMB No. 1545-0047
	m 990			Charity Statu				2018
90E			complete ii tile oi	4947(a)(1) nonexe	mpt charitable	trust.	u section	2010
<b>)</b> enarti	ment of	the Treasury	▶ Go to	► Attach to Form ! www.irs.gov/Form!				Open to Public
iterna	l Reven	nue Service ne organiza	tion				Employer identific	Inspection
		OF SOUTHERN						ation number
Pal	rt I	Reason	for Public Charity State	IS (All organization	s must comple	te this part ) 9	88-0071328 See instructions	
			private foundation because				occ macractions.	
1		A church, c	onvention of churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>section 170(b)(</b>	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3		A hospital o	or a cooperative hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-	,			bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7	$\checkmark$	section 17	ation that normally receives a <b>(O(b)(1)(A)(vi).</b> (Complete	Part II.)			nit or from the genera	al public described in
8			ty trust described in <b>section</b>		•	•		
9			ural research organization de rant college of agriculture. Se					ege or university or a
.0		from activit investment	ation that normally receives: ities related to its exempt fun income and unrelated busin fee section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
1		•	ation organized and operated		r public safety. S	ee section 509	(a)(4).	
.2		more public	ation organized and operated by supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(</mark> a	
а		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar				
С			unctionally integrated. A s organization(s) (see instructi					ted with, its
d		functionally	on-functionally integrated integrated. The organization (a). You must complete Par	n generally must satis	fy a distribution i	requirement and		1. 1.
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su					I
	(1) N	lame of supp organization		organization in your governing document? monetary support other su			(vi) Amount of other support (see instructions)	
					Yes	No		
			<u> </u>					
	1							
otal		uant Dad	tion Act Notice, see the Ir	almostiana fam	Cat. No. 11285		Schedule A (Form 9	000 57) 2010

Sch	nedule A (Form 990 or 990-EZ) 2018						Page <b>2</b>
-	art III Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						/ under Part
_	III. If the organization f	ails to qualify un	der the tests list	ed below, pleas	e complete Part	111.)	
	Section A. Public Support  Calendar year						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")	7,777,806	7,580,462	6,807,003	12,737,245	15,895,849	50,798,365
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	7 777 006	7.500.463	6 007 002	12 727 245	15 005 040	F0 700 26F
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	7,777,806	7,580,462	6,807,003	12,737,245	15,895,849	50,798,365
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,825,371
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5						48,972,994
_	from line 4. Section B. Total Support						
_	Calendar year	( )2044	(1)2015	( )2046	(1)2017	( )2010	(C) T
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	<b>(f)</b> Total
7		7,777,806	7,580,462	6,807,003	12,737,245	15,895,849	50,798,365
8							
	dividends, payments received on securities loans, rents, royalties and	3,439	19,363	78,205	81,875	86,039	268,921
	income from similar sources						
9	Net income from unrelated business					24.025	24.025
	activities, whether or not the business is regularly carried on					24,035	24,035
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)  Total support. Add lines 7 through						
11	10						51,091,321
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	8,965,854
13	First five years. If the Form 990 is for	or the organization'	s first, second, thi	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
- 5	Section C. Computation of Publi						
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	95.850 %
	Public support percentage for 2017 Sc					15	93.660 %
16	a <b>33 1/3% support test—2018.</b> If the	e organization did n	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, check this b	ox
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			. ▶ ☑
ŀ	33 1/3% support test—2017. If the	-		•		•	
	box and <b>stop here.</b> The organization	n qualifies as a pub	licly supported org	anization			. ▶ ⊔
17	a 10%-facts-and-circumstances tes is 10% or more, and if the organization						
	in Part VI how the organization meets						
	organization				•		▶□
ŀ	10%-facts-and-circumstances te						<b>_</b>
•	15 is 10% or more, and if the organi	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.	
	Explain in Part VI how the organization			_		. ,	. —
	supported organization				76		▶⊔
18	<b>Private foundation.</b> If the organizat	ion did not check a	pox on line 13, 16	a, 160, 1/a, or 1/	b, cneck this box	and see	
	instructions						

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	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						
/a	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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(e) 2018	(f) Total				
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(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. Add lines 10a and 10b.						
С 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	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

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

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

6 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). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

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

answer line 10b below. 10a 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

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3	
₽}	Supporting Organizations (continued)				
			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
	governing body of a supported organization:	11a			
b	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c			
S	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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated supervised or controlled the supporting				
	organization.	2		ĺ	
S	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
_	Section D. All Type III Supporting Organizations		<u> </u>		
	,,, = === ==,,, ======================		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3			
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):			
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00			
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.				
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)		
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's				
	involvement.	2b		<u> </u>	
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	<b>b</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.</i> the role played by the organization in this regard.	3h		_	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6** 

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . c Excess from 2016. . . . .

### **Additional Data**

# Software ID:

Software Version:

**EIN:** 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

Schedule A (Form 990 or 990-EZ) 2018	Page
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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 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. (Sinstructions).	, line 1; : 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

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

As Filed Data -

DLN: 93493150010410

OMB No. 1545-0047

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service	► Go to <u>www.irs.g</u>	<u>iov/Form990</u> for th	e la	test information.		Inspection
Na	me of the organ	ization				Em	ployer identification number
JNI	TED WAY OF SOUTH	ERN NEVADA				88-0	0071328
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Oth	ner s	Similar Funds o		
	Comple	te if the organization answered "Ye			•		
			(a) Donor	advis			(b)Funds and other accounts
		end of year			9		
		of contributions to (during year)			106,083		
ŀ		of grants from (during year)			209,700		
•		at end of year			32,173		
i	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal control?	٠			✓ Yes □ No
ì	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or	for a	any other purpose		
Pa	rt III Conser	vation Easements. Complete if th	ne organization and	swer	ed "Yes" on Fori	m 990	), Part IV, line 7.
	Purpose(s) of co	onservation easements held by the organ	nization (check all th	at ap	ply).		
	☐ Preservation	on of land for public use (e.g., recreation	n or education)		Preservation of an	histor	rically important land area
	☐ Protection	of natural habitat			Preservation of a	certifie	ed historic structure
	☐ Preservation	on of open space					
!		2a through 2d if the organization held a	qualified conservatio	n coi	ntribution in the fo	rm of a	a conservation
		e last day of the tax year.	4				Held at the End of the Year
а	Total number of	conservation easements				2a	
b	Total acreage re	stricted by conservation easements				2b	
C	Number of conse	ervation easements on a certified histori	c structure included i	n (a)	)	2c	
d		ervation easements included in (c) acqui in the National Register .	ired after 7/25/06, a	nd no	ot on a historic	2d	
l	Number of constax year ▶	ervation easements modified, transferre	ed, released, extingui	shed	, or terminated by	the or	ganization during the
	Number of state	es where property subject to conservatio	on easement is locate	d <b>►</b> _			_
i		ization have a written policy regarding that of the conservation easements it holds				of viol	ations,
,	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of viol	ation	ns, and enforcing c	onserv	ation easements during the year
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	s, an	d enforcing conser	vation	easements during the year
,		ervation easement reported on line 2(d) (h)(4)(B)(ii)?				.70(h)(	(4)(B)(i) ☐ Yes ☐ No
l	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga	in its nizat	revenue and expe ion's financial state	nse sta ements	atement, and s that describes
ar		zations Maintaining Collections				ner Si	milar Assets.
	· ·	ete if the organization answered "Ye					
a	art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, ed	ucati	on, or research in		
b	historical treasu	ion elected, as permitted under SFAS 11 Ires, or other similar assets held for publ nts relating to these items:					
(	_	led on Form 990, Part VIII, line 1					. ▶\$
		in Form 990, Part X					
, '		ion received or held works of art, historic					
		nts required to be reported under SFAS :				iricial G	ani, provide die

ar	3000	Organizations Ma	aintaining Coll	ections of Art,	Histori	cal Tr	reasu	res, or Other	Similar As	sets (co.	ntinued)	
3		the organization's acq (check all that apply):		, and other records	s, check a	any of	the fol	lowing that are a	significant u	ise of its c	ollection	
а		Public exhibition			d		Loan	or exchange prog	grams			
b		Scholarly research			е		Other					
С		Preservation for future	e generations									
4	Provid Part >	de a description of the	_	ections and explair	n how the	y furth	ner the	organization's e	xempt purpo	se in		
5		g the year, did the orgons to be sold to raise fur								☐ Yes	□ N	lo
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			orm 990	, Part	IV, lir	ne 9, or reporte	ed an amou	ınt on Fo	rm 990,	Part
1a		e organization an agent ded on Form 990, Part :								☐ Yes	☑ N	lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the f	followina	table:			A	mount		_
c		nning balance		·	_			1c				_
d	_	ions during the year .						. 1d				_
е		butions during the year										_
f		ng balance						4.5				_
2a	Did th	- he organization include	an amount on For	m 990 Part X line	21 for	escrow	or cus	stodial account li	ahility?	□ vec		_ lo
		es," explain the arrange								_		
	rt V	Endowment Fund										
				(a)Current year		rior year		(c)Two years back			<b>e)</b> Four yea	rs back
<b>1</b> a	Beginn	ing of year balance .	[									
b	Contrib	outions										
c	Net inv	estment earnings, gair	ns, and losses									
d	Grants	or scholarships	. [									
		expenditures for facilitie	es									
		ograms	-									
		istrative expenses .	- H									
g		year balance	L									
2		de the estimated perce			e (line 1	g, colui	mn (a)	) held as:				
а	Board	d designated or quasi-e	ndowment >									
b												
c		orarily restricted endov	***************************************									
_	•	percentages on lines 2a		•								
3a		here endowment funds nization by:	not in the possess	ion of the organiza	ation that	t are no	eld and	administered fo	r the		Yes	No
	_	nrelated organizations								3a(		<u> </u>
	(ii) re	elated organizations .								3a(i	ii)	
b	If "Ye	es" on 3a(ii), are the rel	lated organizations	listed as required	on Sche	dule R	?.			3b	)	
4	Descr	ribe in Part XIII the inte			owment f	unds.						
Par	t VI	Land, Buildings,				D	TV / Lin		000 D-	ot V. Boss	10	
	Descri	Complete if the ordination of property	ganization answ (a) Cost or othe (investmer	er basis (b) Cos	orm 990 st or other			(c) Accumulated			10. Book valu	ıe
1 2	Land					ΔS	37,000					437,000
	Land Buildin						08,641		409,460		1	1,899,181
		nold improvements					36,591		96,858			139,733
		· ·					32,784		354,744			128,040
u	-quipii	nent				40	·-, · o-		557,777			120,040

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

	curities. Complete if the org	janizat	ion ansv	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
See Form 990, Part X, line  (a) Description of sec  (including name	urity or category		<b>(b)</b> Book value		(c) Method of vaccor end-of-year	
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li><li>(3)Other</li></ul>						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, c	col. (B) line 12.)	•				
Part VIII Investments—Program			art IV li	no 11c Coo Ec	orm 000 Part )	/ line 12
(a) Description of inv			ook value		(c) Method of va	aluation:
(1)				Cost	or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, c	cal (B) line 13 )					
	the organization answered 'Yes'	on For	m 990, Pa	rt IV, line 11d. S	See Form 990, Pa	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, P	Part X, col.(B) line 15.)					
	te if the organization answe	red 'Ye	es' on Fo	rm 990, Part I	V, line 11e or	11f.
1. (a) Description			<b>(b)</b> B	ook value		
(1) Federal income taxes DESIGNATIONS				1 162 162		
REFUNDABLE ADVANCES				1,162,162 477,623		
DUE TO EXEMPT ORGANIZATIONS (4)				333,333		
(5)						
(6)						
(7)						
(8)		+				
(9)						
Total. (Column (b) must equal Form 990, Part X, c	col.(B) line 25.)	<u> </u>		1,973,118		
2. Liability for uncertain tax positions. In Pa				ganization's fina		
organization's liability for uncertain tax posit	tions under FIN 48 (ASC /40).	Lileck h	ere if the	text of the footh	ote has been pro	OVIUEU III PAIT AIII L

Schedule D (Form 990) 2018

2

а

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Page 4

155,412

14,396,279

1,912,031

16,308,310

14,167,380

155,547

14,011,833

1,912,031

15.923.864

Schedule D (Form 990) 2018

Total expenses and losses per audited financial statements . . . . .

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

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

Supplemental Information

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

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

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

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

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

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Recoveries of prior year grants . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

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

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

2b

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

2c 2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2a

2b

2c

2d

4a

4b

Explanation

4b

2e 1,911,966

2e

3

4c

5

65

1.911.966

-135

155.547

155,547

t line <b>2e</b> from line <b>1</b>							
s included on Form 990, Part VIII, line 12, but not on line 1:							
nent expenses not included on Form 990, Part VIII, line 7b .	4a				65		
Describe in Part XIII.)	4b				1,911,966		
es <b>4a</b> and <b>4b</b>						4c	
venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)						5	
<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered 'Yes' on Form 990, Part				per	ises per R	etur	n.
represe and losses per audited financial statements					·	1	

	Page <b>5</b>
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 88-0071328

Name: UNITED WAY OF SOUTHERN NEVADA

## **Supplemental Information**

Explanation

Return Reference

DONOR DESIGNATIONS 1,911,966

SCHEDULE D, PAGE 4, PART XI, LINE 4B

upplemental Information							
Return Reference	Explanation						
SCHEDULE D, PAGE 4, PART XII, INE 4B	DONOR DESIGNATIONS 1,911,966						

Sι

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

(Form 990)

Department of the

Treasury

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

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

DLN: 93493150010410

Open to Public Inspection

Name of the organization							Employer identification number	
UNITED WAY OF SOUTHERN NEV	88-0071328	88-0071328						
Part I General Inform	ation on Grants	and Assistance				•		
Does the organization main the selection criteria used t						e, and	☑ Yes ☐ N	
2 Describe in Part IV the orga	· ·							
Part III Grants and Other A that received more to	<b>Assistance to Dom</b> than \$5,000. Part II	nestic Organizations a can be duplicated if ad-	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) See Additional Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
<ul><li>2 Enter total number of sections</li><li>3 Enter total number of other</li></ul>		<del>-</del>					44	
For Paperwork Reduction Act Notice				Cat. No. 50055			nedule I (Form 990) 2018	

1257 7,392,213 CASH 200.000 CASH Page 2

Schedule I (Form 990) 2018

(4) IMMEDIATE NEEDS PROGRAM

(4) (5)

(6)

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

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

ESTABLISHED GOALS AND BENCHMARKS SET OUT IN THE ORIGINAL AGREEMENT WITH THE AGENCY. IF THE PROPER REPORTS ARE NOT SUBMITTED, PAYMENTS TO AN AGENCY CAN BE WITHHELD. PART II LISTED IN PART II ARE THE RECIPIENTS WHO RECEIVED GREATER THAN 5,000 FOR A TOTAL OF 1,324,169, CONSISTING OF 44 RECEPIENTS. IN ADDITION. THE ORGANIZATION PROVIDED 470 RECIPIENTS WITH FUNDS TOTALING 311.282, WHICH INCLUDES 83 RECIPIENTS OF CRISIS FUNDS TOTALING 52,709 AND 383 RECIPIENTS OF GRANTS LESS THAN 5,000 TOTALING 258,573. THE COMBINED TOTAL OF ALL GRANTS TO ORGANIZATIONS AND

(7)

Schedule I (Form 990) 2018

(3) EDUCATION PROGRAM

Return Reference

Explanation

INDIVIDUALS IS 9.850.387 TO 516 RECIPIENTS.

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

## **Additional Data**

		Software ID:	:				•		
		Software Version:	:				!		
EIN:			<b>:</b> 88-0071328	88-0071328					
	Name:			UNITED WAY OF SOUTHERN NEVADA					
							1		
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	c 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	6,218				CHARITABLE		
AMERICAN LEBANESE ADVISORY COUNCIL 4027 E AGAVE RD PHOENIX, AZ 85044	83-1908843	3	50,000				CHARITABLE		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0059285 11.542 CHARITABLE AMERICAN RED CROSS SOUTHERN NV CHA 1771 F FLAMINGO RD 206-B 88-0059265 5.609 CHARITABLE

LAS VEGAS, NV 89119 BOY SCOUTS OF AMERICA (LVAC)

7220 SOUTH PARADISE RD LAS VEGAS, NV 89119

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOYS & GIRLS CLUBS OF SO 88-0093150 11.368 CHARITABLE NV-LAS VEG PO BOX 26689 LAS VEGAS, NV 89126 CANDLELIGHTERS CHILDHOOD 94-2579116 5.683 CHARITABLE CANCER FOU

601 S RANCHO DR STE B-11 LAS VEGAS, NV 89106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0059425 13.046 CHARITABLE CATHOLIC CHARITIES OF SOUTHERN NV 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 89101

CHARITABLE

147.800

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

1501 LAS VEGAS BLVD NORTH
LAS VEGAS, NV 89101

COLLEGE OF SOUTHERN 88-6000024
NEVADA

3200 E CHEYENNE AVE NORTH LAS VEGAS, NV 89030

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 88-0292094 11.877 CHARITABLE COMMUNITIES IN SCHOOLS OF NEVADA 3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169 64,914 FOUNDATION FOR AN 88-0377684 CHARITABLE

INDEPENDENT TOMORROW

1931 STELLA LAKE DRIVE LAS VEGAS, NV 89106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FRIENDS OF LV METRO POLICE 88-0429730 15.143 CHARITABLE FOUND 801 S RANCHO DRIVE STE A-1 LAS VEGAS, NV 89106 FULLFILLMENT FUND OF LAS 48-2083219 62.893 CHARITABLE VEGAS

3100 E PATRICK LANE LAS VEGAS, NV 89120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GIRLS ON THE RUN LAS 27-4431922 18.994 CHARITABLE VEGAS 1405 REISLING CT LAS VEGAS, NV 89144 CHARITABLE

HELP OF SOUTHERN NV 88-0108496 14.641 1640 E FLAMINGO ROAD STE

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

100

LAS VEGAS, NV 89119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-3468208 20.000 CHARITABLE JBH LINK LLC 8012 CLOCK TOWER CT LAS VEGAS, NV 89117 LAS VEGAS CLARK COUNTY 27-0035192 CHARITABLE

31.447 LIBRARY DIST 7060 W WINDMILL LANE

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

LAS VEGAS, NV 89113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-4208055 48.170 CHARITABLE LEADERS IN TRAINING 900 N LAMB BLVD STE 130 LAS VEGAS, NV 89110 LEGAL AID CENTER OF 88-0072562 10.675 CHARITABLE SOUTHERN NV

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

725 E CHARLESTON BLVD LAS VEGAS, NV 89104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MESOUITE CANCER HELP 88-0487720 12 943 CHARITABLE

CHARITABLE

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150 N YUCCA 36					
MESQUITE, NV 89027					
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NATHAN ADELSON HOSPICE

3391 N BUFFALO ROAD LAS VEGAS, NV 89129

88-0161009

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-3199117 62.893 CHARITABLE NEVADA HEALTH CENTERS 3325 RESEARCH VAY LAS VEGAS, NV 89706 NEVADA SPCA 88-0187383 7.328 CHARITABLE 4800 WEST DEWEY DRIVE SUITE D

LAS VEGAS, NV 89118

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 61-1753910 94.363 CHARITABLE OPPORTUNITY 180 990 NORTH LAMB BOULEVARD LAS VEGAS, NV 89110 OPPORTUNITY VILLAGE 88-0272831 14.616 CHARITABLE FOUNDATION

6300 WEST OAKEY BOULEVAD LAS VEGAS, NV 89146

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) RONALD MCDONALD HOUSE 94-3108570 10.262 CHARITABLE OF CREATER

LAS VEGAS 2323 POTOSI STREET LAS VEGAS, NV 89146					
SAFE NEST SHELTER	94-2411883	3	15,468		CHARITAB

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

LAS VEGAS, NV 89102

BLE 2915 WEST CHARLESTON BLVD STE 3A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 88-0148782 11.929 CHARITABLE SALVATION ARMY CLARK COUNTY COMMAND PO BOX 28369 LAS VEGAS, NV 89126

CHARITABLE

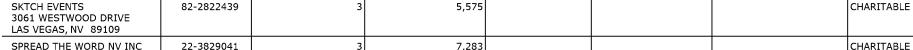
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STMMONS GROUP LLC

6841 S EASTERN AVE LAS VEGAS, NV 89119 75-3120225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-2822439 5.575 CHARITABLE



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

260 F DESERT ROSE DRIVE HENDERSON, NV 89015

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ST JUDE'S CHILDREN'S 62-0646012 27.943 CHARITABLE

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

220 WILSON CIRCLE BOULDER CITY, NV 89005

RESEARCH HOSPITAL ST JUDE PLACE MEMPHIS, TN 38105					
ST ROSE DOMINICAN HEALTH FOUNDATION	20-2917263	3	10,000		CHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 88-0306804 113.362 CHARITABLE SUNRISE CHILDREN'S HOSPITAL FOUNDAT 2795 F DESERT INN RD 200 LAS VEGAS, NV 89109

CHARITABLE

5.887

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

94-3192750

THE CENTER

401 S MARYLAND PKWY LAS VEGAS, NV 89101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 88-0035080 66.272 CHARITABLE THE KORTE COMPANY 9225 W FLAMINGO RAOD 100 LAS VEGAS, NV 89147 THE LAS VEGAS 88-0398092 12.000 CHARITABLE PHII HARMONIC

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

1412 S JONES BLVD LAS VEGAS, NV 89146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0275767 11.873 CHARITABLE THE PUBLIC EDUCTION FOUNDATION 4350 SOUTH MARYLAND PARKWAY

CHARITABLE

6.737

LAS VEGAS, NV 89119

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

THE SHADE TREE SHELTER PO BOX 669

LAS VEGAS, NV 89125

88-0253276

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0396918 20.997 CHARITABLE THREE SOUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115 UNITED LABOR AGENCY OF NV 88-0344011 104.934 CHARITABLE 1201 NORTH DECATUR

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

BOULEVARD STE 10 LAS VEGAS, NV 89108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 88-0123188 82.237 CHARITABLE UNIVERSITY UNITED METHODIST CHILD DEVELOPMENT CENTER

CHARITABLE

9.838

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

DEVELOPMENT CENTER 4412 S MARYLAND PKWY LAS VEGAS, NV 89119

VIP TRANSPORT EAST INC

JESSUP, MD 20794

8215 PATUXENT RANGE ROAD

ENTER D PKWY 39119

33-0179823

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) VOLUNTEERS IN MEDICINE OF 39-2072453 10 500 CHARITABLE

CHARITABLE

SO NV 1240 N MARTIN LUTHER KING			20,200		
BLVD LAS VEGAS, NV 89106					
WE CARE FOR ANIMALS	88-0348135	501C3	6.908		CHARITA

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

PO BOX 3028 MESQUITE, NV 89024

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	hedule K	Sui	pplemental	Information o	n Tax-E	xem	not E	Bonds				OMB No. :		7
(F	orm 990)		e organization ans	swered "Yes" to Form	990, Part \	Л, line	24a. I		criptions,			20	18	
_			explanations	s, and any additional Attach to Form 99		in Par	rt VI.						Public	
Inter	artment of the Treasury mal Revenue Service		▶Go to <u>www</u>	<u>irs.gov/Form990</u> for		nforma	ation.					Inspe	ection	
	e of the organization TED WAY OF SOUTHERN NEVADA									1 .	-	tification nun	ıber	
										88-00	71328			
Pa	rt I Bond Issues		( ) CHOID "	T (D D ) :	( ) !			(O.D		1(.)5	<u> </u>	(1) 0	<del></del>	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	'	(f) Description	n of purpose	(g) Defeased		(h) On behalf of	, , ,	Pool Incing
											T	issuer		<del></del>
	PUBLIC FINANCE AUTHORITY	27-3866124		12-01-2015	1 2/	14 000	DEETN	NANCING CAP	IΤΛΙ	Yes	No X	Yes No		No X
^	FOBLIC I INANCE ACTION IT	27-3800124		12-01-2013	1,34			OVEMENTS.	ITAL		_ ^	^		^
Đa	rt II Proceeds													
	1100ccus					4	I	В		•	:		D	
1	Amount of bonds retired													
2	Amount of bonds legally defeas	sed												
3	Total proceeds of issue					1,34	4,000							
4	Gross proceeds in reserve fund													
5	Capitalized interest from procee													
6	Proceeds in refunding escrows .													
7	Issuance costs from proceeds .					7	8,337							
8	Credit enhancement from proce													
9	Working capital expenditures fr	<u> </u>												
10	Capital expenditures from proce													
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion .			• •		15								
					Yes	No		Yes	No	Yes	No	Yes	;	No
14	Were the bonds issued as part		<u> </u>			Х	(						$-\!\!\!\!+\!\!\!\!\!-$	
15	Were the bonds issued as part					Х	(							
16	Has the final allocation of proce	eds been made? .				Х	(						$\bot$	
Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pā	rt Ⅲ Private Business Us						'		<u> </u>					
	_				,	1		В		C			D	
	Was the examination a section of	in a narkovskie	mombor of an IIC	which owned are set.	Yes	N	0	Yes	No	Yes	No	Yes	<del>-  -</del>	No
1	Was the organization a partner financed by tax-exempt bonds?					×								
2	Are there any lease arrangement property?	nts that may result in	private business us	e of bond-financed	Х									
For	Paperwork Reduction Act Notice			1	Cal	No 5	0193F		•	'	S	chedule K (	Form 99	0) 2018

6

8a

Part IV

а

b

C

Arbitrage

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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

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

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

Page 2

D

Schedule K (Form 990) 2018

No

Yes

Χ

Χ

В

No

Yes

C

No

Yes

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Χ

Yes

	bond-financed property?				
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?				
С	Are there any research agreements that may result in private business use of bond-financed	.,			
İ	property?	X			

Were gross proceeds invested in a guaranteed investment contract

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

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

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . .

requirements of section 148? . . .

Yes

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

No

Yes

Yes

No

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Nο

Yes

Schedule K (Form 990) 2018

Page 3

No

No

Yes

No

Yes

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Comp	lete if the orga	nization a		section					88	-007:	1278				
Comp	lete if the orga	nization a			501(c	)(3), section 5	501(c)(4), and	501(c)(29) or							
1 (a	) Name of disc	qualified pe		d "Yes"	on Fo	rm 990, Part 1	IV, line 25a or	25b, or Form	990-E	Z, Pa	rt V, lir	ne 40b.			
			erson		<b>(b)</b> R		tween disqual organization	ified person an	d  (	` '	escript ansacti		_		ected?
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									+					-	
Con	orted an amou	ganization int on Forn ship (c) P	n answe n 990, F	red "Ye Part X, I (d) Le	s" on line 5, oan to organi	Form 990-EZ, 6, or 22	Part V, line 3  (e)Original principal amount	8a, or Form 99 <b>(f)</b> Balance due	(g)	art IV, line 26; or if  (h) Approved by board or committee?  S No Yes No		1) ved by rd or	(i)Written agreement?		
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	nts or Assi			_				line 27							
	nplete if the								of assig	stanc	e	(e) Pui	nose o	of assis	stance
		(b) Relationship between interested person and the organization			(c) Amount of assistance (d)		(d) Type o	Type of assistance (e			(c) i a	e) Purpose of assistance			
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Explanation

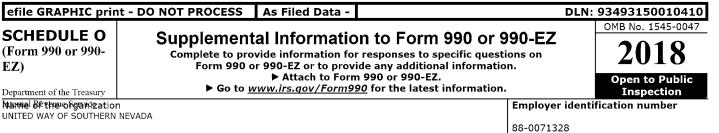
Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference

EMPLOYEE.

SCHEDULE L, PART V



990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	UNITED WAY OF SOUTHERN NEVADA, INC. (THE ORGANIZATION OR UNITED WAY) IS A NOT-FOR-PROFIT C ORPORATION GOVERNED BY A LOCAL VOLUNTEER BOARD OF DIRECTORS. THE ORGANIZATION WAS INCORPOR ATED IN 1957 AND ITS OPERATIONS ARE PRIMARILY IN CLARK COUNTY. THE ORGANIZATION IS ONE OF MORE THAN 1,200 LOCAL, INDEPENDENT UNITED WAY'S ACROSS THE COUNTRY. UNITED WAY'S MISSION IS TO UNITE OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES. THE ORGANIZATION IS INNOVATIVE AND COLL ABORATIVE IN THEIR EFFORTS TO CREATE A BETTER COMMUNITY FOR ALL. UNITED WAY IS WORKING WITH AND THROUGH STRATEGIC PARTNERS TO ADDRESS THE ISSUES THAT NO ONE AGENCY CAN SOLVE ALONE. THE ORGANIZATION BRINGS STRATEGY AND OCTANE TO THE CONVERSATION, CREATING MOMENTUM THROUGH FUNDS, VOLUNTEERS, AND SUPPORT TO SCALE THE WORK OF PARTNERS IN THE COMMUNITY. WITH THESE PARTNERS, UNITED WAY IS SUPPORTING CHILDREN AND FAMILIES FROM CRADLE TO CAREET THROUGH ITS COMMUNITY-BASED AGENDA. UNITED WAY ENGAGES THE COMMUNITY IN SECTION PARTNERS WITH INN OVATIVE APPROACHES, PROVIDES THESE ORGANIZATIONS WITH RESOURCES TO BE SUCCESSFUL AND MEASU RES THEIR RESULTS TO ENSURE ACCOUNTABILITY. UNITED WAY'S STAFF WORKS CLOSELY WITH COMMUNITY MEMBERS TO SOLVE COMPLEX COMMUNITY PROBLEMS AND CREATE POSITIVE CHANGE. THE ORGANIZATION N'S STAFF ENGAGES IN ADVOCACY AND PUBLIC POLICY, DEVELOPMENT OF STRATEGIC INITIATIVES AND COMMUNITY LEADERSHIP. UNITED WAY SAFF MEMBERS MAND ARE AND SUPPORT COMMUNITY INFROTT PROBLEMS AND PROVIDE NONPROFIT SUPPORT AND TECHNICAL ASSISTANCE. THE ORGANIZATION ALSO ACTS AS THE FISCAL AGENT FOR SEVERAL STAFF MEMBERS MAND REATE POSITIVE CHANGE. THE ORGANIZATION ALSO ACTS AS THE FISCAL AGENT FOR SEVERAL STAFF MEMBERS MAND ARE AND SUSPICE ORDANIZATION ALSO ACTS AS THE FISCAL AGENT FOR SEVERAL STAFF MEMBERS MAND ARE AND SUSPORT COMMUNITY IMPACT PROGRAMS TO CHANGE CONDITIONS IN SOUTHERN NEVADA A REA. UNITED WAY SHAFF MEMBERS MAD AGAIN PROGRAMS TO CHANGE CONDITIONS. IN SOUTHERN NEVADA AS REAL DATE OF POSITIVELY IMPACT THE COMMUNITY AND CREATE FORTS, AND THE POSITIVE WAY SAFF MEMBER

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

Return Reference	Explanation
FORM 990, PAGE 2, 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 2018-2019, UNITED WAY PROVIDED 1,257 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 19 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 2018-2019 FISCAL YEAR, UNITED WAY PARTNERED WITH 10 EARLY EDUCATION CENTERS TO PROVIDE SCHOLARSHIPS TO CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO ATTEND A HIGH-QUALITY EARLY EDUCATION CENTER IN THEIR NEIGHBORHOOD. THE SIEMER INSTITUTE FUNDS THE FAMILY AND CHILD EMPOWERMENT PROGRAM, A 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. 50 FAMILIES WILL PARTICIPATE IN THE PROGRAM WITH THE AIM OF CREATING FINANCIAL STABILITY AND STRENGTHENING THE WHOLE FAMILY FOR GENERATIONS TO COME.

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FORM 990, PAGE 2, PART III, LINE 4B	UNITED WAY OF SOUTHERN NEVADA WORKS TO EMPOWER THE COMMUNITY WITH COMMITTED PROGRAMS DEDIC ATED TO BUILDING UP A BASE OF LOCAL ADVOCATES FOR POSITIVE CHANGE. ADVOCATES PROVIDE INCRE ASED OPERATIONAL CAPACITY FOR LOCAL PROGRAMS BOTH THROUGH FISCAL AND HUMAN RESOURCES. THRO UGH VOLUNTEERISM AND COLLABORATION, THESE ADVOCATES SET OUT TO CREATE REAL IMPACT IN SOUTH ERN NEVADA AND ADDRESS LOCAL ISSUES IN A HANDS-ON EFFORT TO IMPROVE LIVES. VOLUNTEERISM - RECRUITING INDIVIDUALS AND ORGANIZATIONS TO ACHIEVE TANGIBLE RESULTS UNITED WAY'S COMMUNITY ENGAGEMENT TEAM ACTIVELY ENGAGES COMMUNITY MEMBERS TO WORK HAND-IN-HAND WITH NONPROFIT O RGANIZATIONS TO FOSTER A STRONG AND VIBRANT SOUTHERN NEVADA UNITED WAY HELPED INSPIRE, EQ UIP AND MOBILIZE PEOPLE TO CHANGE LIVES THROUGH VOLUNTEERISM. THE 2018-19 VOLUNTEER ACCOMP LISHMENTS INCLUDE: -THE COMMUNITY ENGAGEMENT TEAM ENGAGED 1, 106 VOLUNTEERS TO PROVIDE VOLU NTEER SERVICE TO AREA NONPROFIT AND COMMUNITY FOR DAY OF CARING, OVER 1,000 VOLUNTEERS COMPLETED PROJECTS AT 78 LOCAL NONPROFITS AND SCHOOLS, GIVING THEIR TIME AND EFFORT TO MAKE AN IMPACT IN SOUTHERN NEVADA. 75,500 WAS DISTRIBUTED AMONG PARTICIPATING ORGANIZATIONS TO HELP OFFSET THE COSTS OF COMPLETING THESE PROJECTS. IMMEDIATE NEEDS - MEETING THE BASIC N EEDS OF THE COMMUNITY DAY OF SOUTHERN NEVADA IS COMMUTTED TO PROVIDING SERVICES TO ADDRESS THE NEEDS OF OUR COMMUNITY'S MOST VULNERABLE POPULATIONS. WE WORK WITH OUR COMMUNI TY PARTNERS TO PROVIDE FOOD, HOUSING, AND UTILITY ASSISTANCE TO THOSE IN NEED OF BASIC CAR E AND ASSISTANCE THOROUGH FOR PROGRAMS: -PROJECT REACH (NRTHER THE CASE OF THE COMMUNITY 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 CAR E AND ASSISTANCE THROUGH ENERGY DAY IN PARTNERSHIP WITH NY ENERGY AND LOCAL NONPROFITS, OPERATES PROJECT REACH (RELIEF THROUGH ENERGY ASSIS TANCE TO PREVENT CUSTOMER HARDSHIPS). THIS PROGRAM HELPS VULNERABLE POPULATIONS OVER THE AGE

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FORM 990, ON RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

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PART III,

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FORM 990, PAGE 2, PART III, LINE 4C	COMMUNITY IMPACT INCLUDES COMMUNITY DISTRIBUTION DOLLARS FOR DONOR- DESIGNATED FUNDS, IMME DIATE NEEDS SERVICES AND THE ORGANIZATION'S COMMUNITY-BASED AGENDA WHICH REPRESENTS COMMUN ITY PROJECTS FOCUSING ON SUPPORTING FAMILIES FROM CRADLE-TO-CAREER, SEXPENSES INCLUDE GRANT S TO NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES TO THE COMMUNITY PURSUANT TO THE PROGRA MS' CRITERIA AND OBJECTIVES, AND STAFF LABOR. THE COMMUNITY- BASED AGENDA INVOLVES THE PRO CESS OF PLANNING AND INVESTING RESOURCES TO EFFECTIVELY ADDRESS HEALTH AND HUMAN SERVICE N EEDS AND INCLUDES OUTCOME MEASUREMENT, PLANNING AND PROBLEM-SOLVING. EARLY CHILDHOOD EDUCA TION HELPING CHILDREN REACH THEIR POTENTIAL UNITED WAY AND ITS PARTINERS PREPARE CHILDREN TO BE READY TO SUCCEED ONCE THEY REACH KINDERGARTEN. THE ORGANIZATION PROVIDES EARLY EDU CATION/PRE-KINDERGARTEN SCHOLARSHIPS, TRAINS CERTIFIED EDUCATORS, ENGAGES PARENTS, AND PR OVIDES SUPPORTIVE SERVICES TO FAMILIES. BY USING RESEARCH-BASED CURRICULUM AND LONG-TERM E VALUATION TO UNDERSTAND WHAT REALLY WORKS, UNITED WAY IS WORKING TO IMPROVE EARLY CHILDHOOD E DUCATION. EARLY CHILDHOOD EDUCATION, PROGRAMS INCLUDE -EARLY EDUCATION SCHOLARSHIPS: THR OUGH 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 ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. FAMILIES WITH YOUNG CHILDREN ENCAGE IN FAMILY LITERACY AND SCHOLARSHIPS. TO PREPARE THEIR CHILDREN FOR SUCCESS IN SCHOOL. INSTRUCTORS TEACH PREPAY BY PROVIDED SCHOLARSHIPS. FOR DAVIDATION FOR PREPAYER THE REPROFILED OF THE REPROF

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	ACKLES FACTORS THAT LEAD TO BULLYING BY TEACHING GIRLS ESSENTIAL LIFE SKILLS THAT PROMOTE HEALTHY, PRODUCTIVE AND INTENTIONAL BEHAVIORS USING A PHYSICAL ACTIVITY-BASED POSITIVE YOU TH DEVELOPMENT PROGRAMLAS VEGAS-CLARK COUNTY LIBRARY DISTRICT FOUNDATION: UNITED WAY FUNDS THE TEACHERS IN LIBRARIES PROGRAM OFFERING FREE AFTER-SCHOOL TUTORING, DELIVERED BY CC SD TEACHERS, IN BIGHT LIBRARY BRANCHES ACROSS THE LAS YEGAS 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 PERFORMANCENEVADA HEALTH CENTERS: UNITED WAY FUNDS THE MOBILE UNIT COALITION, A NEW INI TIATIVE THAT BUILDS ON NEVADA HEALTH CENTERS: UNITED WAY FUNDS THE MOBILE UNIT COALITION, A NEW INI TIATIVE 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 FOUND ATION NECESSARY FOR EDUCATIONAL ACHIEVEMENT. THE 2018-2019 ACCOMPLISHMENTS INCLUDE: -572 G RILS BUILT SELF-WORTH AND CONFIDENCE THROUGH THE GRILS ON THE RUN PROGRAM2,089 STUDENTS RECEIVED FREE AFTER-SCHOOL TUTORING AND SUPPORT FROM LOCAL TEACHERS THROUGH THE LAS VEGAS -CLARK COUNTY LIBRARY DISTRICT FOUNDATION774 YOUTH RECEIVED ESSENTIAL HEALTH SERVICES TO PROVIDE THE FOUNDATION FOR EDUCATIONAL ACHIEVEMENT THROUGH NEVADA HEALTH CENTERS. POST-S ECONDARY ATTAINMENT - IMPROVING CAREER READINESS TO INCREASE THE PERCENTAGE OF ADULTS WITH AN ASSOCIATE DEGREE OR HIGHER, UNITED WAY AND ITS PARTNERS SUPPORT TO BUILD THE SKI LILED AND KNOWLEDGEABLE WORKFORCE NEGESSARY TO COMPETE IN A GLOBAL AND TECHNOLOGY-FOCUSED E CONOMY, SOUTHERN NEVADA WILL NEED TO INCREASE ITS LEVELS OF POST-SECONDARY ATTAINMENT. BY HELPING INDIVIDUALS PREPARE FOR A COMPETE IN A GLOBAL AND TECHNOLOGY-FOCUSED E CONOMY, SOUTHERN NEVADA WILL NEED TO INCREASE ITS LEVELS OF PO

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FORM 990, PAGE 2, PART III, LINE 4C	GRADUATE AND ACHIEVE FUTURE SUCCESS IN COLLEGE AND CAREER THROUGH FULFILLMENT FUND LAS VE GAS.  -154 STUDENTS WERE INSPIRED TO GRADUATE AND BECOME LEADERS IN THEIR COMMUNITY THROUGH LEADERS IN TRAINING. WORKFORCE SUPPORTS - CREATING STABILITY FOR FAMILIES TO DECREASE THE NUMBER OF LOW- INCOME FAMILIES IN CLARK COUNTY, UNITED WAY HELPS FAMILIES FIND STABILITY A T HOME AND AT WORK THROUGH SUPPORTIVE SERVICES, SUCH AS TECHNICAL AND PROFESSIONAL SKILLS TRAINING, JOB PREPARATION AND PLACEMENT AND CERTIFICATION AND CREDENTIAL ASSISTANCE. BY CO NNECTING PEOPLE TO COMMUNITY SERVICES, UNITED WAY AND ITS PARTNERS ARE SUPPORTING THE WHOLE FAMILY AS THEY WORK TO BUILD A STRONG FOUNDATION FOR SUCCESSFOUNDATION FOR AN INDEPEN DENT 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 E MPLOYMENT AND CREATE A SKILLED WORKFORCE THAT CAN ATTRACT AND RETAIN COMPANIES AND EXPAND EMPLOYMENT OPPORTUNITIES. FIT COMBINES ONE-ONE INTEGRATED CASE MANAGEMENT AND A COMPREHENS IVE ARRAY OF SERVICES DIRECTED TO THE DEVELOPMENT OF WORK READINESS SOFT-SKILLS COUPLED WITH HARD-SKILL TRAINING LEADING TO INDUSTRY RECOGNIZED CREDENTIALSNEIGHBORHOOD NETWORK: THIS INNOVATIVE PROGRAM EMPOWERS CHILDREN AND FAMILIES IN INFORMAL EARLY EDUCATION SETTING S BY PROVIDING CHILDREN A QUALITY EARLY EDUCATION IN THEIR NEIGHBORHOOD AND CONNECTING CAR EGIVERS WITH PROFESSIONAL DEVELOPMENT, WORKFORCE TRAINING, AND EDUCATIONAL MATERIALS AND S UPPORTS. THIS PARTNERSHIP BETWEEN LAS VEGAS URBAN LEAGUE AND UNITED WAY FOCUSES ON TRAININ G FAMILY, FRIEND AND NEIGHBOR CHILDCARE PROVIDERS TO PROVIDE HIGH-QUALITY CARE. THE 2018-2 019 ACCOMPLISHMENTS INCLUDE: -478 CLIENTS RECEIVED JOB READINESS COURSES AND ONE-ON-ONE IN TEGRATED CASE MANAGEMENT AT FOUNDATION FOR AN INDEPENDENT TOMORROW150 IN-HOME CHILDCARE PROVIDERS RECEIVED TRAINING AND SUPPORT TO PROVIDE HIGH-QUALITY CARE.

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

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, ANNUAL DISCLOSURE REPORTS. PAGE 6,

PART VI, LINE 12C

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FORM 990, PAGE 6, PART VI, LINE 15A

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LINE 19

FORM 990, THE ORGANIZATION'S ANNUAL AUDITED FINANCIAL STATEMENTS AND TAX FORM 990'S ARE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE AT UWSN.ORG.

PART VI,

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FORM 990, PART XI, LINE 9

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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.