

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**  
Open to Public Inspection

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF SALT LAKE		<b>D</b> Employer identification number 87-0227091
	Doing business as		<b>E</b> Telephone number 801-736-8929
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	257 EAST 200 SOUTH		300
	City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84111		
<b>F</b> Name and address of principal officer: BILL CRIM 257 E 200 SOUTH, STE 300, SALT LAKE CITY, UT			<b>G</b> Gross receipts \$ 13,874,318.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> Website: WWW.UW.ORG			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: 1904		<b>M</b> State of legal domicile: UT	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE BUILD POWERFUL PARTNERSHIPS THAT ACHIEVE LASTING SOCIAL CHANGE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	51
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	49
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	112
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	9000
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,144,781.	12,735,870.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,116.	111,334.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,068.	267,373.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-31,144.	52,085.
		12,199,821.	13,166,662.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,648,722.	7,650,854.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,241,041.	6,140,010.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,469,366.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,358,477.	3,325,595.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,248,240.	17,116,459.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,048,419.	-3,949,797.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	29,909,818.	26,997,168.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,332,853.	7,533,994.
	23,576,965.	19,463,174.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date
	SCOTT C ULBRICH, BOARD CHAIR Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY KAY GRIFFIN	Preparer's signature MARY KAY GRIFFIN	Date
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1878512	Check if self-employed <input type="checkbox"/> PTIN P00185675
	Firm's address ▶ 175 S WEST TEMPLE, STE 650 SALT LAKE CITY, UT 84101	Phone no. 801-364-9300	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE BUILD POWERFUL PARTNERSHIPS THAT ACHIEVE LASTING SOCIAL CHANGE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,721,436. including grants of \$ 3,587,838. ) (Revenue \$ 43,303. ) COMPREHENSIVE RESEARCH HAS IDENTIFIED ISSUES RELATED TO EDUCATION, FINANCIAL STABILITY AND HEALTH AS THE PRIMARY DRIVERS OF SELF-SUFFICIENCY. AS A RESULT, UWSL FOCUSES ITS WORK IN THESE AREAS. TO MOST EFFECTIVELY ADDRESS THESE COMPLEX ISSUES, UWSL DEVELOPS COMPREHENSIVE, CROSS-SECTOR PARTNERSHIPS THAT WORK TOGETHER TO ACHIEVE POPULATION-LEVEL RESULTS (IN ADDITION TO INDIVIDUAL/PROGRAM-LEVEL RESULTS). THESE "PROMISE PARTNERSHIPS" BUILD CRADLE-TO-CAREER INFRASTRUCTURE AND FOCUS THEIR EFFORTS IN NEIGHBORHOODS AND COMMUNITIES (OR ON POPULATIONS) WHERE THE NEEDS ARE GREATEST AND WHERE KEY PARTNERS ARE WILLING TO WORK TOGETHER. THE STRATEGIES, PROGRAMS, AND SERVICES IMPLEMENTED BY THESE PARTNERSHIPS (INVOLVING HUNDREDS OF COMMUNITY PARTNERS, SCHOOLS AND BUSINESSES)

4b (Code: ) (Expenses \$ 2,136,868. including grants of \$ 2,019,931. ) (Revenue \$ ) UNITED WAY SUPPORTS PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH AND SAFETY. BASIC NEEDS SERVICES ARE VITAL TO INDIVIDUALS WITH CHRONIC CONDITIONS AND FOR INDIVIDUALS AND FAMILIES IN CRISIS NEEDING TEMPORARY SUPPORT. WHEN INDIVIDUALS ARE UNABLE TO MEET THEIR IMMEDIATE NEEDS, IT BECOMES MORE DIFFICULT TO FOCUS ON LONG-TERM GOALS SUCH AS EMPLOYMENT, HOUSING, OR EDUCATION. BASIC NEEDS SERVICES ARE CRITICAL TO GETTING PEOPLE BACK ON THEIR FEET AND ON THE ROAD TO SELF-SUFFICIENCY.

4c (Code: ) (Expenses \$ 1,351,328. including grants of \$ 50,000. ) (Revenue \$ 68,031. ) 2-1-1 WAS ADOPTED IN UTAH IN 2002 AND BECAME A STATEWIDE RESOURCE IN 2005. UNITED WAY OF SALT LAKE ACQUIRED 2-1-1 IN JUNE OF 2011. THE CONCEPT OF 2-1-1 WAS BORN OUT OF THE NEED FOR AN EASY-TO-REMEMBER TELEPHONE NUMBER THAT REDUCES DUPLICATION AND HELPS PEOPLE NAVIGATE THE CONFUSING AND OVERWHELMING MAZE OF AVAILABLE HEALTH AND HUMAN SERVICE RESOURCES. THE PURPOSE OF 2-1-1 IS THREEFOLD: \* SUPPORT STATE AGENCIES AND NONPROFIT ORGANIZATIONS IN OUR COMMUNITIES BY COLLECTING AND SHARING RESOURCE AND DEMOGRAPHIC DATA, HELPING ORGANIZATIONS MAINTAIN THEIR MISSIONS AND OBTAIN THEIR VISIONS \* EMPOWER INDIVIDUALS AND FAMILIES BY HELPING THEM FIND THE TOOLS THEY NEED TO CHANGE THEIR CIRCUMSTANCES

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,993,086. including grants of \$ 1,993,086. ) (Revenue \$ )

4e Total program service expenses 13,202,718.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 51		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 49		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **UT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LYNN SIMS - 801-746-2588**  
**257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY, UT 84111**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX GUZMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(2) BEN MCADAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(3) BILL CRIM PRESIDENT & CEO	40.00	X		X			181,982.	0.	11,385.	
(4) CATHERINE F. ANGSTMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(5) CHRISTINE B BUCKLEY BOARD MEMBER	2.00	X					0.	0.	0.	
(6) COLLEEN L BELL BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DAVID L BUHLER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) DAVID R GOLDEN RESOURCE DEVELOP CHAIR	1.00	X					0.	0.	0.	
(9) GREG HUGHES BOARD MEMBER	1.00	X					0.	0.	0.	
(10) HEIDI WALKER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JACKIE BISKUPSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JAKE BOYER INVESTMENT CHAIR	1.00	X					0.	0.	0.	
(13) JANE MARQUARDT BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JAY FRANCIS COLLECTIVE IMPACT CO CHAIR	1.00	X					0.	0.	0.	
(15) JEFFREY K LARSEN AUDIT CHAIR	1.00	X					0.	0.	0.	
(16) JENNIFER DANIELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JOHN W MILLIKEN COLLECTIVE IMPACT CO CHAIR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JORGE FIERRO BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JOSE ENRIQUEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(20) KATHIE MILLER FOUNDING COUNCIL CHAIR	2.00	X					0.	0.	0.	
(21) KEVIN J POTTS ADMIN/FINANCE CHAIR	1.00	X					0.	0.	0.	
(22) KEVIN SALMON BOARD MEMBER	1.00	X					0.	0.	0.	
(23) KIEU FRISBY BOARD MEMBER	1.00	X					0.	0.	0.	
(24) KIRK AUBRY BOARD MEMBER	1.00	X					0.	0.	0.	
(25) KRIS MECHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(26) LAREN GERTSCH BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							181,982.	0.	11,385.	
<b>c Total from continuation sheets to Part VII, Section A</b>							104,918.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							286,900.	0.	11,385.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEEANNE B LINDERMAN CORPORATE SECRETARY	2.00	X		X				0.	0.	0.
(28) LINDA WARDELL BOARD MEMBER	1.00	X						0.	0.	0.
(29) M CRAIG ZOLLINGER VICE CHAIR	4.00	X		X				0.	0.	0.
(30) MARK H BOUCHARD PPRC CHAIR	1.00	X						0.	0.	0.
(31) MERLIN JENSEN BOARD MEMBER	1.00	X						0.	0.	0.
(32) MICHAEL ANGLIN BOARD MEMBER	1.00	X						0.	0.	0.
(33) MICHAEL KIRBY BOARD MEMBER	1.00	X						0.	0.	0.
(34) MICHAEL PETROGEORGE BOARD MEMBER	1.00	X						0.	0.	0.
(35) MICHAEL WEINHOLTZ BOARD MEMBER	1.00	X						0.	0.	0.
(36) MIKELLE MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(37) MONA LYMAN BURTON IMMED PAST CHAIR	2.00	X		X				0.	0.	0.
(38) NEIL HAFER BOARD MEMBER	1.00	X						0.	0.	0.
(39) PAULA GREEN JOHNSON GOVERNANCE & ETHICS CHAIR	3.00	X						0.	0.	0.
(40) PEGGY LARSEN BOARD MEMBER	1.00	X						0.	0.	0.
(41) REBECCA CHAVEZ-HOUCK BOARD MEMBER	1.00	X						0.	0.	0.
(42) RUTH WATKINS, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(43) SCOTT C ULBRICH BOARD CHAIR	4.00	X		X				0.	0.	0.
(44) SEAN J MULVIHILL BOARD MEMBER	1.00	X						0.	0.	0.
(45) SEAN M SLATTER DAVIS CO LIAISON	2.00	X						0.	0.	0.
(46) STEVE EARL BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	157,025.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,746,724.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	10,832,121.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		180,745.				
	<b>h Total.</b> Add lines 1a-1f .....		12,735,870.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUE .....	<b>Business Code</b> 900099	111,334.	111,334.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			111,334.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		174,976.			174,976.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 157,025. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	84,358.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	182,289.			
		<b>c</b> Net income or (loss) from fundraising events .....		-97,931.			-97,931.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISC REIMBURSEMENTS .....		900099	150,016.			150,016.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			150,016.			
<b>12 Total revenue.</b> See instructions. ....			13,166,662.	111,334.	0.	319,458.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,650,854.	7,650,854.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<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) .....	313,762.		313,762.	
<b>7</b> Other salaries and wages .....	4,791,416.	2,974,297.	430,642.	1,386,477.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	252,492.	147,103.	36,817.	68,572.
<b>9</b> Other employee benefits .....	380,879.	221,902.	55,537.	103,440.
<b>10</b> Payroll taxes .....	401,461.	233,893.	58,538.	109,030.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	51,324.		51,324.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	59,353.		59,353.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	404,825.	339,595.	31,161.	34,069.
<b>12</b> Advertising and promotion .....	241,062.	132,434.	89.	108,539.
<b>13</b> Office expenses .....	224,813.	146,220.	14,876.	63,717.
<b>14</b> Information technology .....	993,879.	606,553.	177,994.	209,332.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	308,550.	173,241.	43,425.	91,884.
<b>17</b> Travel .....	29,659.	17,437.	6,299.	5,923.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	197,080.	120,325.	14,336.	62,419.
<b>20</b> Interest .....	182,721.	182,721.		
<b>21</b> Payments to affiliates .....	113,660.		101,351.	12,309.
<b>22</b> Depreciation, depletion, and amortization .....	98,183.	53,892.	14,543.	29,748.
<b>23</b> Insurance .....	37,805.	19,553.	8,006.	10,246.
<b>24</b> 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.)				
<b>a</b> SPECIAL EVENTS	302,168.	166,660.	8,935.	126,573.
<b>b</b> DONATED GOODS	37,425.			37,425.
<b>c</b> AWARDS & GIFTS	23,453.	10,903.	9,488.	3,062.
<b>d</b> MEMBERSHIPS & SUBSCRIPT	19,635.	5,135.	7,899.	6,601.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,116,459.	13,202,718.	1,444,375.	2,469,366.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,789,919.	<b>2</b>	7,044,738.
	<b>3</b> Pledges and grants receivable, net .....	11,125,395.	<b>3</b>	10,306,119.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	5,523.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 806,579.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 561,181.	282,873.	<b>10c</b> 245,398.
	<b>11</b> Investments - publicly traded securities .....	5,282,591.	<b>11</b>	5,716,518.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>13</b>	400,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,429,040.	<b>15</b>	3,278,872.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,909,818.	<b>16</b>	26,997,168.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	388,996.	<b>17</b>	676,478.
	<b>18</b> Grants payable .....	2,594,112.	<b>18</b>	2,018,049.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,135,709.	<b>23</b>	4,645,787.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	214,036.	<b>25</b>	193,680.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,332,853.	<b>26</b>	7,533,994.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	12,761,353.	<b>27</b>	12,119,141.
	<b>28</b> Temporarily restricted net assets .....	10,713,642.	<b>28</b>	7,242,063.
	<b>29</b> Permanently restricted net assets .....	101,970.	<b>29</b>	101,970.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	23,576,965.	<b>33</b>	19,463,174.	
<b>34</b> Total liabilities and net assets/fund balances .....	29,909,818.	<b>34</b>	26,997,168.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,166,662.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,116,459.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,949,797.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,576,965.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	404,476.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-568,470.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,463,174.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Table with 2 columns: Name of the organization (UNITED WAY OF SALT LAKE) and Employer identification number (87-0227091)

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

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

- 1-12. List of reasons for public charity status with checkboxes. Option 7 is selected: An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).

Table for supported organizations with columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,342,491.	11,178,079.	17,051,278.	12,144,781.	12,735,870.	74,452,499.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,342,491.	11,178,079.	17,051,278.	12,144,781.	12,735,870.	74,452,499.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,149,234.
<b>6 Public support.</b> Subtract line 5 from line 4.						68,303,265.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	21,342,491.	11,178,079.	17,051,278.	12,144,781.	12,735,870.	74,452,499.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	123,444.	175,898.	179,299.	181,762.	174,976.	835,379.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						75,287,878.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	502,828.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.72 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	90.53 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b>  UNITED WAY OF SALT LAKE	<b>Employer identification number</b>  87-0227091
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ _____ 458,370.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ _____ 881,514.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ _____ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ _____ 336,783.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ _____ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ _____ 517,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>  UNITED WAY OF SALT LAKE	<b>Employer identification number</b>  87-0227091
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 961,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 335,318.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 274,383.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 674,023.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  UNITED WAY OF SALT LAKE	Employer identification number  87-0227091
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  UNITED WAY OF SALT LAKE	Employer identification number  87-0227091
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">UNITED WAY OF SALT LAKE</p>	Employer identification number <p style="text-align: center;">87-0227091</p>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	27,782.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	10,003.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	37,785.													
<b>d</b>	Other exempt purpose expenditures .....	17,078,675.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	17,116,460.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	878,033.	864,751.	912,412.	1,000,000.	3,655,196.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,482,794.
<b>c</b> Total lobbying expenditures	147,251.	50,581.	67,135.	37,785.	302,752.
<b>d</b> Grassroots nontaxable amount	219,508.	216,188.	228,103.	250,000.	913,799.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,370,699.
<b>f</b> Grassroots lobbying expenditures	48,409.	22,279.	28,335.	27,782.	126,805.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016 Open to Public Inspection

Name of the organization UNITED WAY OF SALT LAKE Employer identification number 87-0227091

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including amounts for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,353,095.	1,323,264.	1,302,531.	1,118,659.	1,031,392.
b Contributions					
c Net investment earnings, gains, and losses	144,018.	29,831.	20,733.	183,872.	87,267.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	13,918.				
g End of year balance	1,483,195.	1,353,095.	1,323,264.	1,302,531.	1,118,659.

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

- a Board designated or quasi-endowment  69.79 %
- b Permanent endowment  5.75 %
- c Temporarily restricted endowment  24.46 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		150,610.	51,257.	99,353.
d Equipment		655,969.	509,924.	146,045.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				245,398.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INSURANCE CASH VALUE	98,141.
(2) BENEFICIARY INTEREST IN TRUSTS	16,663.
(3) OTHER ASSETS	5,847.
(4) SIB HB96 RECEIVABLE - STATE OF UTAH	3,139,686.
(5) LEASE DEPOSIT	18,535.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,278,872.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE PAYOFF PAYABLE	193,680.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	193,680.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	11,867,928.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	404,476.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	166,940.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,993,086.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-1,421,670.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,289,598.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	59,353.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-182,289.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-122,936.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	13,166,662.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	15,413,249.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	166,940.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	182,289.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	349,229.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,064,020.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	59,353.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,993,086.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,052,439.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,116,459.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

DISTRIBUTION OF ENDOWMENT FUNDS ARE APPROVED BY THE BOARD OF DIRECTORS AND

ARE MADE WHEN DEEMED APPROPRIATE. A GUIDELINE FOR DISTRIBUTIONS FROM THE

ENDOWMENT FUND EARNINGS, ON A FISCAL YEAR BASIS, IS DEFINED AS 50% OF THE

INVESTED INCOME GROWTH OF THE ENDOWMENT FUNDS, UNLESS OTHERWISE

RECOMMENDED BY THE BOARD OF DIRECTORS.

PART X, LINE 2:

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A

CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF

ITS REGULAR TAX FILINGS, AND DISCUSSIONS FROM OUTSIDE EXPERTS. THE

**Part XIII** Supplemental Information (continued)

ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX

POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY OR

UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS -1,993,086.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE -182,289.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 182,289.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,993,086.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **UNITED WAY OF SALT LAKE** Employer identification number **87-0227091**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       **Yes**       **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

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

	Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POYP (event type)	(event type)	NONE (total number)	
1	Gross receipts .....	241,383.			241,383.
2	Less: Contributions .....	157,025.			157,025.
3	Gross income (line 1 minus line 2) .....	84,358.			84,358.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....	32,950.			32,950.
6	Rent/facility costs .....				
7	Food and beverages .....	68,650.			68,650.
8	Entertainment .....	5,092.			5,092.
9	Other direct expenses .....	75,597.			75,597.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				182,289.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-97,931.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF SALT LAKE** Employer identification number **87-0227091**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AAA FAIR CREDIT FOUNDATION 230 W 200 S #3104 SALT LAKE CITY, UT 84101	84-1411225	501(C)(3)	30,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
ABILITY FOUND 2324 CONSTITUTION BLVD SALT LAKE CITY, UT 84119	87-0504354	501(C)(3)	5,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
ASIAN ASSOCIATION OF UTAH 1588 S. MAJOR ST. SALT LAKE CITY, UT 84115	87-0333555	501(C)(3)	50,000.	0.			IMMIGRANT & REFUGEE INITIATIVE - INTEGRATION
BIG BROTHERS BIG SISTERS 151 E 5600 S. STE 200 SALT LAKE CITY, UT 84107	87-0336168	501(C)(3)	190,000.	0.			COLLECTIVE IMPACT
BOUNTIFUL COMMUNITY FOOD PANTRY 480 E 150 N BOUNTIFUL, UT 84010	84-1628459	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
BOY SCOUTS OF AMERICA, GREAT SALT LAKE COUNCIL - 525 FOOTHILL DR - SALT LAKE CITY, UT 84113	87-0212460	501(C)(3)	88,170.	0.			COLLECTIVE IMPACT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 87.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)



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

(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
BOYS AND GIRLS CLUB P.O. BOX 57071 MURRAY, UT 84157	87-0304654	501(C)(3)	90,000.	0.			COMMUNITY DEVELOPMENT
CANYONS SCHOOL DISTRICT 9150 S 500 W SANDY, UT 84093		501(C)(3)	205,000.	0.			COLLECTIVE IMPACT
CATHOLIC COMMUNITY SERVICES 745 E 300 S SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	64,000.	0.			IMMIGRANT & REFUGEE INITIATIVE - INTEGRATION AND BASIC NEEDS - FOOD
CHILDREN'S SERVICE SOCIETY 655 E 4500 S SALT LAKE CITY, UT 84107	87-0212451	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	5,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
CITY OF SOUTH SALT LAKE 220 E MORRIS AVE SOUTH SALT LAKE CITY, UT 84115		GOV'T	258,929.	0.			COLLECTIVE IMPACT
COMMUNITY EDUCATION PARTNERSHIP 3600 S CONSTITUTION BLVD WEST VALLEY CITY, UT 84119	03-0543136	501(C)(3)	64,000.	0.			COLLECTIVE IMPACT
COMMUNITY NURSING SERVICES 6949 HIGH TECH DR MIDVALE, UT 84047	87-0212459	501(C)(3)	50,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY), COLLECTIVE IMPACT
COMUNIDADES UNIDAS 1341 S STATE ST., SUITE 211 SALT LAKE CITY, UT 84115	13-4257724	501(C)(3)	35,000.	0.			COLLECTIVE IMPACT GRANT & BASIC NEEDS GRANT

Schedule I (Form 990)

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

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DAVIS BEHAVIORAL HEALTH 934 S MAIN ST #6 LAYTON, UT 84041	87-0430116	501(C)(3)	40,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY), COLLECTIVE IMPACT
DAVIS COUNTY HEALTH DEPARTMENT 22 S STATE ST CLEARFIELD, UT 84015		GOV'T	6,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
DAVIS SCHOOL DISTRICT 490 S 500 E KAYSVILLE, UT 84037	87-0386379	501(C)(3)	110,328.	0.			COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS
DCCAV-SAFE HARBOR SHELTER AND CRISIS CENTER - P.O. BOX 772 - KAYSVILLE, UT 84037	87-0516562	501(C)(3)	80,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
ENGLISH SKILLS LEARNING CENTER 631 W NORTH TEMPLE SUITE 70 SALT LAKE CITY, UT 84116	87-0467902	501(C)(3)	50,000.	0.			CDG
EYE CARE 4 KIDS 6911 S STATE ST SALT LAKE CITY, UT 84047	87-0675404	501(C)(3)	5,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
FAMILY CONNECTION CENTER 1360 E 1450 CLEARFIELD, UT 84015	87-0421105	501(C)(3)	90,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY), COLLECTIVE IMPACT
FAMILY COUNSELING CENTER 5250 COMMERCE DR MURRAY, UT 84107	87-0212455	501(C)(3)	65,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
FAMILY COUNSELING SERVICE OF NORTHERN UTAH - 3518 WASHINGTON BLVD - OGDEN, UT 84403	87-0271413	501(C)(3)	12,500.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)

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

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FAMILY DENTAL PLAN (INVOICEABLE) 168 N 1950 W SALT LAKE CITY, UT 84116		501(C)(3)	13,000.	0.			COLLECTIVE IMPACT
FAMILY PROMISE - SALT LAKE 814 W 800 S SALT LAKE CITY, UT 84110	87-0547916	501(C)(3)	6,000.	0.			COLLECTIVE IMPACT
FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	20,000.	0.			COLLECTIVE IMPACT
FIT TO RECOVER 789 W 1390 S SALT LAKE CITY, UT 84104	47-0998466	501(C)(3)	7,500.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	501(C)(3)	299,499.	0.			BASIC NEEDS - SHELTER
GUADALUPE CENTER EDUCATIONAL PROGRAM, INC. - 340 S GOSHEN ST - SALT LAKE CITY, UT 84104	87-0299521	501(C)(3)	197,423.	0.			COLLECTIVE IMPACT
HOLY CROSS MINISTRIES 860 E 4500 S, STE 204 SALT LAKE CITY, UT 84107	87-0359324	501(C)(3)	172,000.	0.			COLLECTIVE IMPACT
HOUSE OF HOPE 857 E 200 S SALT LAKE CITY, UT 84102	87-0255206	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
INTERMOUNTAIN SPECIALIZED ABUSE TREATMENT CENTER - 1555 W 2200 S - SALT LAKE CITY, UT 84119	87-0414241	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)

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

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INTERNATIONAL RESCUE COMMITTEE 1800 S WEST TEMPLE, SUITE 421 SALT LAKE CITY, UT 84115	13-5660870	501(C)(3)	96,892.	0.			IMMIGRANT & REFUGEE - INTEGRATION
JEWISH FAMILY SERVICE 1111 BRICKYARD RD #218 SALT LAKE CITY, UT 84106	87-0227089	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
JUNIOR ACHIEVEMENT 515 E 100 S #200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	40,000.	0.			COLLECTIVE IMPACT
KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	87-6125177	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
LATINOS IN ACTION 9898 NORTH, WILD FLOWER CIRCLE CEDAR HILLS, UT 84062	26-4304427	501(C)(3)	142,217.	0.			COMMUNITY DEVELOPMENT
LEGAL AID SOCIETY OF SALT LAKE 450 S STATE ST SALT LAKE CITY, UT 84111	87-0212457	501(C)(3)	82,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
MALIHEH FREE CLINIC 415 E 3900 S SALT LAKE CITY, UT 84107	20-2313461	501(C)(3)	13,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
MIDTOWN HEALTH CLINIC 2253 STATE ST SALT LAKE CITY, UT 84115	87-0540039	501(C)(3)	25,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
MIDVALE CITY 665 W CENTER ST MIDVALE, UT 84047		501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)

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

(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
MOUNTAINLANDS COMMUNITY HOUSING TRUST - 1960 SIDEWINDER DR - PARK CITY, UT 84060	87-0514438	501(C)(3)	9,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
NATIONAL ALLIANCE ON MENTAL ILLNESS UTAH - 450 S 900 E, STE 160 - SALT LAKE CITY, UT 84102	87-0432972	501(C)(3)	35,000.	0.			COLLECTIVE IMPACT
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CITY, UT 84104	87-0212462	501(C)(3)	65,000.	0.			BASIC NEEDS - ADVOCACY, BASIC NEEDS - HEALTH
ODYSSEY HOUSE 344 E 100 S SALT LAKE CITY, UT 84111	87-0292487	501(C)(3)	50,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
PARC COMMUNITY PARTNERSHIP FOUNDATION - 485 PARC CIRCLE - CLEARFIELD, UT 84015	27-4480214	501(C)(3)	6,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
PARK CITY EDUCATION FOUNDATION PO BOX 681422 PARK CITY, UT 84068	74-2552454	501(C)(3)	146,065.	0.			BASIC NEEDS - HEALTH & SAFETY
PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 84068	30-0171971	501(C)(3)	25,000.	0.			COLLECTIVE IMPACT
PEACE HOUSE 196- SIDEWINDER DR #208 PARK CITY, UT 84068	87-0500067	501(C)(3)	15,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DR PARK CITY, UT 84068	87-0638042	501(C)(3)	25,000.	0.			BASIC NEED, COLLECTIVE IMPACT

Schedule I (Form 990)

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

(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
POLIZZI FOUNDATION 515 E 4500 S G220 SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	9,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
PROJECT REALITY 150 E 700 S SALT LAKE CITY, UT 84111	87-0288734	501(C)(3)	21,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
RAPE RECOVERY CENTER 2035 S 1300 E SALT LAKE CITY, UT 84105	87-0308785	501(C)(3)	12,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
ROSEMAN UNIVERSITY OF HEALTH SCIENCES (INVOICEABLE) - 10920 S RIVER FRONT PKWY - SOUTH JORDAN, UT 84095	88-0435559	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
SALT LAKE CAP HEAD START 1307 S 900 W SALT LAKE CITY, UT 84102	87-0269683	501(C)(3)	288,865.	0.			BASIC NEEDS-HEALTH
SALT LAKE COMMUNITY HEALTH CENTERS INC - 220 W 7200 S - MIDVALE, UT 84047	74-2412898	501(C)(3)	161,195.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
SALT LAKE COUNTY YOUTH SERVICES 177 W PRICE AVE SALT LAKE CITY, UT 84115		GOV'T	133,435.	0.			COLLECTIVE IMPACT
SALT LAKE DONATED DENTAL SERVICES CLINIC - 1383 S 900 W, STE 128 - SALT LAKE CITY, UT 84104	87-0482710	501(C)(3)	10,000.	0.			COLLECTIVE IMPACT
SOUTH VALLEY SANCTUARY PO BOX 1028 WEST JORDAN, UT 84084	87-0543219	501(C)(3)	10,000.	0.			BASIC NEEDS-HEALTH

Schedule I (Form 990)

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

(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
STATE OF UTAH CASA PROGRAM-UT GUARDIAN AD LITEM - 450 S STATE ST, STE N31 - SALT LAKE CITY, UT 84111		GOV'T	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
THE CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	100,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
THE HAVEN 974 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	23-7043339	501(C)(3)	17,500.	0.			BASIC NEEDS - SAFETY COMMUNITY DEVELOPMENT
THE INN BETWEEN 340 GOSHEN ST SALT LAKE CITY, UT 84104	47-2329595	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
THE ROAD HOME 210 S RIO GRANDE ST. SALT LAKE CITY, UT 84101	87-0212465	501(C)(3)	100,000.	0.			BASIC NEEDS - HEALTH
THE SALVATION ARMY 438 SOUTH 900 WEST SALT LAKE CITY, UT 84104	36-2167910	501(C)(3)	5,000.	0.			COLLECTIVE IMPACT
THE SHARING PLACE 1695 E 3300 S SALT LAKE CITY, UT 84106	87-0514353	501(C)(3)	9,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
TURN COMMUNITY SERVICES, INC. 638 WILMINGTON AVE SALT LAKE CITY, UT 84106	87-0303448	501(C)(3)	20,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UNITED WAY OF UTAH COUNTY 148 N 100 W PROVO, UT 84601	94-2851681	501(C)(3)	44,000.	0.			COLLECTIVE IMPACT

Schedule I (Form 990)

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

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UNIVERSITY OF UTAH 2015-2016 INVOICEABLE - 201 S PRESIDENTS CIRCLE RM 406 - SALT LAKE CITY, UT 84112		GOV'T	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UNIVERSITY OF UTAH READING CLINIC 5242 COLLEGE DR SALT LAKE CITY, UT 84123		GOV'T	95,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UTAH AIDS FOUNDATION 1408 S 1100 E SALT LAKE CITY, UT 84105	87-0455172	501(C)(3)	5,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UTAH COMMUNITY ACTION PARTNERSHIP ASSOC - 230 S 500 W, STE 260 - SALT LAKE CITY, UT 84101	87-0509521	501(C)(3)	60,000.	0.			COLLECTIVE IMPACT
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	90,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UTAH HEALTH AND HUMAN RIGHTS PROJECT - 225 S 200 E STE 250 - SALT LAKE CITY, UT 84111	20-3901845	501(C)(3)	16,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UTAH HEALTH POLICY PROJECT 508 E SOUTH TEMPLE, STE 45 SALT LAKE CITY, UT 84102	87-0684606	501(C)(3)	98,000.	0.			BASIC NEEDS
UTAH LEGAL SERVICES 205 N 400 W SALT LAKE CITY, UT 84103	87-0298910	501(C)(3)	50,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UTAH NONPROFITS ASSOCIATION 231 E 400 S #345 SALT LAKE CITY, UT 84111	87-0481455	501(C)(3)	5,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH PARTNERS FOR HEALTH 3665 S 8400 W MAGNA, UT 84044	27-0218004	501(C)(3)	244,993.	0.			COLLECTIVE IMPACT-& BASIC NEEDS
UTAHNS AGAINST HUNGER 455 E 400 S #407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	25,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
UVU 800 WEST UNIVERSITY PARKWAY, STE MS OREM, UT 84058	87-0280648	501(C)(3)	10,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
VALLEY SERVICES 3685 W 6200 S TAYLORSVILLE, UT 84129	87-0503440	501(C)(3)	55,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE, STE 100 SALT LAKE CITY, UT 84108	87-0428873	501(C)(3)	78,000.	0.			COMMUNITY DEVELOPMENT
VOLUNTEERS OF AMERICA, UTAH 435 W BEARCAT DR SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	100,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
WASATCH COMMUNITY GARDENS 824 S 400 W, STE 127 SALT LAKE CITY, UT 84101	74-2550359	501(C)(3)	6,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
WASATCH HOMELESS HEALTH CARE, INC (FOURTH STREET CLINIC) - 409 S 400 W - SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	50,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
YWCA OF SALT LAKE CITY 344 E BROADWAY SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	100,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2

UNITED WAY OF SALT LAKE (UWSL) MONITORS THE USE OF ALL GRANT FUNDS

THROUGH PROGRAM AND FINANCIAL REPORTS SUBMITTED BY EACH PARTNER AT

REGULAR INTERVALS. FINANCIAL REPORTS INCLUDE AUDITED FINANCIAL

STATEMENTS, IRS 990 FORMS, AS WELL AS SPECIFIC PROGRAM AND

ORGANIZATIONAL BUDGETS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**UNITED WAY OF SALT LAKE**

Employer identification number  
**87-0227091**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BILL CRIM PRESIDENT & CEO	(i)	181,982.	0.	0.	11,100.	285.	193,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LOVE COMMUNICATIONS	SEE PART V	248,602.	SEE PART V		X

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY MORE THAN 35% OWNED BY TOM LOVE, BOARD MEMBER.

(D) DESCRIPTION OF TRANSACTION:

ADVERTISING, PUBLIC RELATIONS, MEDIA RELATIONS AND OTHER COMMUNICATIONS SERVICES PROVIDED BY LOVE COMMUNICATIONS. TOM LOVE IS THE PRESIDENT OF LOVE COMMUNICATIONS AND A BOARD MEMBER OF UWSL. A MONTHLY RETAINER OF \$4,000 IS PAID TO LOVE COMMUNICATIONS FOR ITS SERVICES. MEDIA BUYS, WEBSITE HOSTING AND VIDEO PRODUCTION WERE PURCHASED FOR \$200,601.56. THIS AMOUNT, LESS A 15% COMMISSION RETAINED BY LOVE COMMUNICATIONS, WAS PASSED-THROUGH TO MEDIA OUTLETS. LOVE COMMUNICATIONS DONATED 1,272 HOURS OF SERVICE VALUED AT \$142,763. THE DONATED SERVICES WERE RELATED PRIMARILY TO THE "IT STARTS WITH YOU" ADVERTISING CAMPAIGN. UWSL UTILIZES A THOROUGH PROCESS TO ENGAGE A COMMUNICATIONS FIRM INCLUDING AN RFP PROCESS WHERE PROPOSALS ARE REVIEWED BY SENIOR MANAGEMENT, GOVERNANCE AND ETHICS COMMITTEES AND APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. MR. LOVE WAS EXCUSED FROM THE ROOM DURING THESE APPROVALS TO COMPLY WITH THE CONFLICT OF INTEREST POLICIES. THE CONTRACT WAS REVIEWED BY LEGAL COUNSEL PRIOR TO SIGNING.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **UNITED WAY OF SALT LAKE** Employer identification number **87-0227091**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	143,320.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( VARIOUS NONCA )	X	18	37,425.	COMPARABLE SALES
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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



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

SCHEDULE M, LINE 32B:

NONCASH DONATIONS OF STOCK ARE PROCESSED AND SOLD BY THE ORGANIZATION'S

BROKERAGE FIRM.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HAPPENS THROUGH REGIONAL AND COMMUNITY-FOCUSED "COLLABORATIVE ACTION NETWORKS," AND THROUGH "COMMUNITY SCHOOLS" OR NEIGHBORHOOD CENTERS THAT FUNCTION AS HUBS OF SERVICES AND SUPPORTS FOR THEIR RESPECTIVE COMMUNITIES. UWSL ALSO OPERATES A 2-1-1 INFORMATION AND REFERRAL SERVICE. IT PROVIDES GRANTS TO A LIMITED NUMBER OF COMMUNITY PARTNERS WORKING OUTSIDE OF THE PROMISE PARTNERSHIPS. THEY PROVIDE BASIC NEEDS SERVICES OF FOOD, SHELTER, HEALTH AND SAFETY TO THE GENERAL POPULATION WITHIN SALT LAKE, SUMMIT, DAVIS AND TOOELE COUNTIES. THEY DISTRIBUTE RESOURCES TO MORE THAN 200 ADDITIONAL NONPROFIT ORGANIZATIONS AT THE SPECIFIC REQUEST OF INDIVIDUAL DONORS. UWSL ADVOCATES AT ALL LEVELS OF GOVERNMENT FOR A PUBLIC POLICY AGENDA THAT IS TIED TO ITS AREAS OF FOCUS, WHICH INCLUDE EDUCATION, FINANCIAL STABILITY, HEALTH, AND BASIC NEEDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

\* CONNECT ORGANIZATIONS, AGENCIES, INDIVIDUALS AND FAMILIES TO ONE ANOTHER TO CHANGE THE ODDS IN THE COMMUNITIES SERVED BY UNITED WAY 2-1-1

IN 2016, IT RECEIVED 83,541 INFORMATION SPECIALIST CALLS, AFTER HOURS CALLS, CHATS, EMAILS AND TEXTS. 2-1-1 RECEIVED 49,526 CLIENT INTERACTIONS THROUGH THE WEBSITE AND APP. IN ADDITION TO CLIENT INTERACTIONS, UNITED WAY 2-1-1 PROVIDED PARTNER ACCESS TO INFORMATION 44,028 TIMES DURING 2016.

THE TOP FIVE NEEDS IN THE COMMUNITY AS IDENTIFIED BY THE NUMBER OF REQUESTS RECEIVED INCLUDE: INCOME SUPPORT ASSISTANCE, HOUSING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization UNITED WAY OF SALT LAKE	Employer identification number 87-0227091
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ASSISTANCE, HEALTH CARE, UTILITY ASSISTANCE, AND INDIVIDUAL FAMILY AND  
COMMUNITY SERVICES.

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

DONOR DESIGNATIONS ARE DIRECTED INDIVIDUAL DESIGNATIONS TO QUALIFIED  
NONPROFIT ORGANIZATION, OTHER LOCAL UNITED WAYS AND UWSL INITIATIVES.

EXPENSES \$ 1,993,086. INCLUDING GRANTS OF \$ 1,993,086. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO & CFO, THE GOVERNANCE  
COMMITTEE, AND THE ADMINISTRATION/FINANCE COMMITTEE. A COPY OF THE FORM  
990 IS THEN GIVEN TO THE EXECUTIVE COMMITTEE AND FULL BOARD FOR THEIR  
REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE ETHICS OFFICER, WHO  
IS THE CHAIR OF THE GOVERNANCE COMMITTEE, AND DISCUSSED BY THE EXECUTIVE  
COMMITTEE AND THE FULL BOARD. ANY ISSUES ARE PURSUED AND RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15:

UNITED WAY OF SALT LAKE (UWSL) UTILIZES A VOLUNTEER EXECUTIVE COMPENSATION  
COMMITTEE FOR THE SENIOR MANAGEMENT TEAM. THE COMMITTEE IS COMPRISED OF  
MEMBERS OF THE EXECUTIVE COMMITTEE. OUTSIDE CONSULTANTS CAN BE UTILIZED.  
THE COMMITTEE FUNCTIONS WITHIN THE GUIDELINES OF A COMMITTEE CHARTER, WHICH  
OUTLINES THE PURPOSE AND ROLE OF THE GROUP. IT ALSO UTILIZES AN EXECUTIVE  
COMPENSATION POLICY. BOTH OF THESE DOCUMENTS WERE APPROVED BY THE ENTIRE  
BOARD OF DIRECTORS. THE COMMITTEE DETERMINES COMPENSATION LEVELS FOR THE  
SENIOR MANAGEMENT TEAM BASED ON AN ANNUAL COMPENSATION STUDY PREPARED BY

Name of the organization UNITED WAY OF SALT LAKE	Employer identification number 87-0227091
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UWSL'S TRADE ASSOCIATION, UNITED WAY WORLDWIDE. IT ALSO COMPARES  
 COMPENSATION LEVELS AT OTHER LOCAL NONPROFIT ORGANIZATIONS OF A COMPARABLE  
 SIZE OR LEVEL OF COMMUNITY INFLUENCE AS DISCLOSED ON THEIR 990'S.  
 COMPENSATION LEVELS FOR THE SENIOR MANAGEMENT TEAM ARE DISCUSSED AND  
 APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

UWSL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE UNDER THE  
 "ABOUT US", "ACCOUNTABILITY" MENU.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE CONTRIBUTIONS	-568,470.
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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNITED WAY OF SALT LAKE	Employer identification number (EIN) or  87-0227091
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 257 EAST 200 SOUTH, NO. 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALT LAKE CITY, UT 84111	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LYNN SIMS

• The books are in the care of ▶ 257 EAST 200 SOUTH, SUITE 300 - SALT LAKE CITY, UT 84111  
Telephone No. ▶ 801-746-2588 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning JUL 1, 2016, and ending JUN 30, 2017.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.