

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)****Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning**07/01, 2010, and ending****06/30, 2011****B** Check if applicable:

Address change ☐

Name change ☐

Initial return ☐

Terminated ☐

Amended return ☐

Application pending ☐

C Name of organization

UNITED WAY OF SALT LAKE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

175 S. WEST TEMPLE

Room/suite

30

City or town, state or country, and ZIP + 4

SALT LAKE CITY, UT 84101

F Name and address of principal officer:

DEBORAH S. BAYLE

175 S WEST TEMPLE, SUITE 30 SALT LAKE CITY, UT 84101

D Employer identification number

87-0227091

E Telephone number

(801) 736-8929

G Gross receipts \$ 14,660,341.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status:☒ X

501(c)(3)

501(c) ()

(insert no.)

4947(a)(1) or

527

J Website: ▶ WWW.UW.ORG**H(c)** Group exemption number ▶**K** Form of organization:☒ X



Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation: 1904**M** State of legal domicile: UT**Part I Summary**

| | | | |
|------------------------------------|--|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE LIVES AND BUILD STRONG COMMUNITIES BY UNITING INDIVIDUALS AND ORGANIZATIONS WITH THE PASSION, EXPERTISE, AND RESOURCES NEEDED TO SOLVE PROBLEMS. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 49. |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 47. |
| | 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 35. |
| | 6 | Total number of volunteers (estimate if necessary) | 6 3,000. |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 10,510,833. Current Year 11,228,224. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 156,014. 88,154. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,943. 69,525. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,671,790. 11,385,903. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,181,904. 7,089,590. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,939,810. 1,885,864. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 23,217. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,490,212. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,451,833. 1,438,187. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,573,547. 10,436,858. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | -901,757. 949,045. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year 15,405,301. End of Year 14,025,951. |
| | 21 | Total liabilities (Part X, line 26) | 6,881,400. 6,027,837. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 8,523,901. 7,998,114. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|------------------------|---|-----------|
| Sign Here |  | 2-9-2012 | | | |
| | Signature of officer | Date | | | |
| | MONA LYMAN BURTON | BOARD CHAIR | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | RICHARD SCORESBY |  | 2/8/12 | | P00573067 |
| | Firm's name ▶ CBIZ MHM, LLC | Firm's EIN ▶ 34-1878512 | Phone no. 801-364-9300 | | |
| | Firm's address ▶ 175 S. WEST TEMPLE, SUITE 650 SALT LAKE CITY, UT 84101 | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

OUR MISSION IS TO IMPROVE LIVES AND BUILD STRONG COMMUNITIES BY
 UNITING INDIVIDUALS AND ORGANIZATIONS WITH THE PASSION, EXPERTISE,
 AND RESOURCES NEEDED TO SOLVE PROBLEMS.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,040,814. including grants of \$ 2,661,228.) (Revenue \$)

ATTACHMENT 1

4b (Code:) (Expenses \$ 2,013,578. including grants of \$ 1,760,206.) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 976,954. including grants of \$ 461,914.) (Revenue \$)

ATTACHMENT 3

4d Other program services. (Describe in Schedule O.) ATTACHMENT 4

(Expenses \$ 2,426,054. including grants of \$ 2,206,242.) (Revenue \$)

4e Total program service expenses ► 8,457,400.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21; 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> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| 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> | 11b | X |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | 12a X | |
| 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, XII, and XIII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | 17 X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | <input checked="" type="checkbox"/> | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | |
| 24 a 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 25.</i> | | <input checked="" type="checkbox"/> |
| 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? | | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | <input checked="" type="checkbox"/> |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | |
| a 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> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | <input checked="" type="checkbox"/> | |

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 19 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 35 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | 2b | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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 to any question in this Part VI ☒

Section A. Governing Body and Management

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 49 | | |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 47 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 Does the organization have members or stockholders? 6 | | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | X | |
| b Each committee with authority to act on behalf of the governing body? 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 | | X |

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

| | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? 10a | | X |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b | | |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a | X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c | X | |
| 13 Does the organization have a written whistleblower policy? 13 | X | |
| 14 Does the organization have a written document retention and destruction policy? 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official 15a | X | |
| b Other officers or key employees of the organization 15b | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a | | X |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KEVIN GRIMMETT 175 S WEST TEMPLE STE 30 SALT LAKE CITY, UT 84101 801-736-7716**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) ALLEN B ALEXANDER BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (2) SHERYL L ALLEN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) MONA LYMAN BURTON VICE-CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DAN CAMERON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) CAROL S CARTER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) PETER CORROON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) LEANN DICKERSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) FRED C ESPLIN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JERRY FENN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) CECELIA H FOXLEY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) CHRISTIAN K GARDNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) NATALIE GOCHNOUR BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) TIM HODGE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) GEORGE HOFFMANN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) RONALD HUMPHRIES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) RONALD W JIBSON BOARD MEMBER | 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) PAULA GREEN JOHNSON BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (18) PATRICIA W JONES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JEFFREY K LARSEN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) LARRY J LEW BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) ROSE MARY LEWIS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELIZABETH LOCKETTE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) RODRIGO LOPEZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) THOMAS M LOVE BOARD CHAIR | 6.00 | X | | | | | | 0. | 0. | 0. |
| (25) KATHIE MILLER CORPORATE SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (26) JOHN W MILLIKEN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (27) ELLIOT K MORRIS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) DAVID A PETERSEN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A ATTACHMENT 5 | | | | | | | | 350,307. | 0. | 20,938. |
| d Total (add lines 1b and 1c) | | | | | | | | 350,307. | 0. | 20,938. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|--|----------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 11,228,224. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 232,541. | | | |
| | h | Total. Add lines 1a-1f | | 11,228,224. | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | 0. | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6 | | | 88,692. | | 88,692. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | 0. | | |
| | 5 | Royalties | | | 0. | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | 0. | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory 3,144,484. | | | | | |
| | b | Less: cost or other basis and sales expenses 3,145,022. | | | | | |
| | c | Gain or (loss) -538. | | | | | |
| | d | Net gain or (loss) | | | -538. | | -538. |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a 169,565. | | | | | |
| | b | Less: direct expenses b 129,416. | | | | | |
| | c | Net income or (loss) from fundraising events ATTCH. 7 | | | 40,149. | | 40,149. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities | | | 0. | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| b | Less: cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | 0. | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | UNITED WAY PROCESSING FEES | | 900099 | 29,376. | 29,376. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 29,376. | | | |
| 12 | Total revenue. See instructions | | | 11,385,903. | 29,376. | 128,303. | |

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) but are not required to complete columns (B), (C), and (D).

| 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 |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 7,089,590. | 7,089,590. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 423,388. | 162,432. | 81,258. | 179,698. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 1,462,476. | 561,077. | 280,684. | 620,715. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 0. | | | |
| 10 Payroll taxes | 0. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 46,682. | 4,225. | 42,457. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 23,217. | | | 23,217. |
| f Investment management fees | 0. | | | |
| g Other | 96,136. | 80,684. | | 15,452. |
| 12 Advertising and promotion | 314,411. | 212,425. | | 101,986. |
| 13 Office expenses | 151,105. | 44,266. | 7,308. | 99,531. |
| 14 Information technology | 81,901. | 35,991. | 6,234. | 39,676. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 177,195. | 58,805. | 16,652. | 101,738. |
| 17 Travel | 9,461. | 2,828. | 899. | 5,734. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 11,321. | 1,542. | 1,825. | 7,954. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates <u>ATCH. 8.</u> | 123,631. | 40,428. | 11,646. | 71,557. |
| 22 Depreciation, depletion, and amortization | 62,355. | 20,837. | 5,813. | 35,705. |
| 23 Insurance | 16,282. | 3,286. | 7,180. | 5,816. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a <u>SPECIAL EVENTS</u> | 199,972. | 74,556. | 1,035. | 124,381. |
| b <u>RESEARCH</u> | 38,498. | 38,498. | | |
| c <u>MISCELLANEOUS</u> | 68,711. | 12,678. | 26,255. | 29,778. |
| d <u>DONATED GOODS & SUPPLIES</u> | 40,526. | 13,252. | | 27,274. |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 10,436,858. | 8,457,400. | 489,246. | 1,490,212. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 35,080. | 1 | 42,351. |
| | 2 Savings and temporary cash investments | 9,014,211. | 2 | 8,182,727. |
| | 3 Pledges and grants receivable, net | 4,160,652. | 3 | 4,189,231. |
| | 4 Accounts receivable, net | 4,380. | 4 | 0. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 10,360. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 26,301. | 9 | 7,656. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 779,661. | | |
| | b Less: accumulated depreciation | 10b 590,545. | | |
| | 11 Investments - publicly traded securities | 155,229. | 10c | 189,116. |
| | 12 Investments - other securities. See Part IV, line 11 | 483,897. | 11 | 1,232,505. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 1,515,191. | 14 | 182,365. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 15,405,301. | 15 | 14,025,951. | |
| Liabilities | 17 Accounts payable and accrued expenses | 193,459. | 16 | 166,389. |
| | 18 Grants payable | 6,588,171. | 17 | 5,541,975. |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 99,770. | 24 | 319,473. |
| | 26 Total liabilities. Add lines 17 through 25 | 6,881,400. | 25 | 6,027,837. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 2,103,696. | 26 | 4,669,029. |
| | 28 Temporarily restricted net assets | 4,957,695. | 27 | 3,207,653. |
| | 29 Permanently restricted net assets | 1,462,510. | 28 | 121,432. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 29 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 33 Total net assets or fund balances | 8,523,901. | 32 | 7,998,114. |
| | 34 Total liabilities and net assets/fund balances | 15,405,301. | 33 | 14,025,951. |

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

| | | | |
|----------|--|----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,385,903. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,436,858. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 949,045. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,523,901. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -1,474,832. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7,998,114. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| 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. | X | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 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? | | X |
| 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. | | |

Form **990** (2010)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF SALT LAKE

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15,879,226. | 13,398,087. | 14,994,944. | 10,510,832. | 11,460,289. | 66,243,378. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 15,879,226. | 13,398,087. | 14,994,944. | 10,510,832. | 11,460,289. | 66,243,378. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 652,045. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 65,591,333. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 15,879,226. | 13,398,087. | 14,994,944. | 10,510,832. | 11,460,289. | 66,243,378. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 376,823. | 418,191. | 240,640. | 154,064. | 88,692. | 1,278,410. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | 55,946. | 4,943. | 29,376. | 90,265. |
| 11 Total support. Add lines 7 through 10 | | | | | | 67,612,053. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.01 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 98.64 % |
| 16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19 a 33 1/3 % support tests - 2010. 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 - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2006 | 2007 | 2008 | 2009 | 2010 | TOTAL |
|---------------|------|------|----------------|---------------|----------------|----------------|
| MISCELLANEOUS | | | 55,946. | 4,943. | 29,376. | 90,265. |
| TOTALS | | | <u>55,946.</u> | <u>4,943.</u> | <u>29,376.</u> | <u>90,265.</u> |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| 1 | | \$ 500,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 425,540. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 375,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | | \$ 358,271. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | | \$ 240,083. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047
2010
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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 on behalf of or in opposition to candidates for public office in Part IV.
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours ▶ _____

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 filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2010

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.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 2,224. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 21,168. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 23,392. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 10,559,603. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 10,582,995. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 679,150. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 169,788. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <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 instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2 a Lobbying nontaxable amount | 805,482. | 922,707. | 728,677. | 679,150. | 3,136,016. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 4,704,024. |
| c Total lobbying expenditures | 38,352. | 29,060. | 38,210. | 23,392. | 129,014. |
| d Grassroots nontaxable amount | 201,371. | 230,677. | 182,169. | 169,788. | 784,005. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,176,008. |
| f Grassroots lobbying expenditures | 3,548. | 786. | 8,523. | 2,224. | 15,081. |

Schedule C (Form 990 or 990-EZ) 2010

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 |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV **Supplemental Information** *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

Schedule D (Form 990) 2010

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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" to 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 XI V and complete the following table:

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 | 898,849. | 845,509. | 1,245,463. | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 84,183. | 53,340. | -399,954. | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 983,032. | 898,849. | 845,509. | | |

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 67.6900 %
b Permanent endowment ▶ 8.6800 %
c Term endowment ▶ 23.6300 %

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

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (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 | | | | |
| d Equipment | | 779,661. | 590,545. | 189,116. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 189,116. |

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) _____ | | |
| (I) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---|------------|----------|
| (1) Federal income taxes | | |
| (2) OTHER LIABILITIES | 33,017. | |
| (3) UNDERFUNDED PENSION PLAN LIABILITY | 286,456. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | 319,473. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 11,385,903. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 10,436,858. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 949,045. |
| 4 | Net unrealized gains (losses) on investments | 4 | 62,165. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -1,536,997. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -1,474,832. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -525,787. |

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 10,205,708. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 62,165. |
| b | Donated services and use of facilities | 2b | 433,524. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 8,228. |
| e | Add lines 2a through 2d | 2e | 503,917. |
| 3 | Subtract line 2e from line 1 | 3 | 9,701,791. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 1,684,112. |
| c | Add lines 4a and 4b | 4c | 1,684,112. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 11,385,903. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 9,186,270. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 433,524. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 433,524. |
| 3 | Subtract line 2e from line 1 | 3 | 8,752,746. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 1,684,112. |
| c | Add lines 4a and 4b | 4c | 1,684,112. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 10,436,858. |

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART XI

LINE 8 - OTHER ADJUSTMENTS

UNREALIZED INCREASE IN INTEREST IN TRUSTS 8,228; TERMINATION OF
BENEFICIAL INTEREST IN TRUST (1,346,639); PENSION RELATED CHANGES
(198,586) .

SCHEDULE D, PART XII

LINE 2D - OTHER ADJUSTMENTS

UNREALIZED INCREASE IN INTEREST IN TRUSTS

SCHEDULE D, PART XII

LINE 4B - OTHER ADJUSTMENTS

DONOR DESIGNATIONS OF \$1,813,528 LESS \$129,416 OF FUNDRAISING EVENT
EXPENSES

SCHEDULE D, PART XIII

DONOR DESIGNATIONS OF \$1,813,528 LESS \$129,416 OF FUNDRAISING EVENT
EXPENSES

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

| | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total events (add col. (a) through col. (c)) |
|--|----------------------|--------------|----------------------|--|
| | POYP (event type) | (event type) | 0. (total number) | |
| Revenue | | | | |
| 1 Gross receipts | 169,565. | | | 169,565. |
| 2 Less: Charitable contributions | | | | |
| 3 Gross income (line 1 minus line 2) | 169,565. | | | 169,565. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | 90,565. | | | 90,565. |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 38,851. | | | 38,851. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (129,416.) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 40,149. |

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

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

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

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

b If "No," explain: _____

10 a 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 operate 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 operated 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 ▶ _____

- 15 a** 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.** Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1 | (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 |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SEE ATTACHMENT 10 | | | 7,089,590. | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations 82.
- 3 Enter total number of other organizations

Part III **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

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.

REPORTS ARE REVIEWED BY STAFF, AND IF NECESSARY, BY THE BOARD THROUGH THE GOVERNANCE AND EXECUTIVE COMMITTEES.

Part III **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS MADE THROUGH UWSL'S COLLECTIVE IMPACT PARTNERSHIPS RECEIVE
ADDITIONAL OVERSIGHT THROUGH FREQUENT PARTNERSHIP MEETINGS (OFTEN DAILY
AND WEEKLY INTERACTIONS). THESE PARTNERSHIPS ARE MONITORED BY THE
BOARD'S COLLECTIVE IMPACT COUNCIL, AND SUMMARY REPORTS ARE PROVIDED TO
UWSL'S EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SALT LAKE

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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 in 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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 in 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 from the organization or a related organization? . . .
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (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 reported in prior Form 990 or Form 990-EZ |
|-------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 DEBORAH S.BAYLE | (i) | 168,997. | 0. | 0. | 5,070. | 12,882. | 186,949. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Part I Excess Benefit Transactions(section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|--|------|----------------------------------|-----------------|-----------------|----|---|----|---------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|--|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) LOVE COMMUNICATIONS | SEE PART V | 333,863. | ADVERTISING & CONSULTING | | X |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

LINE 1

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TOM LOVE, BOARD CHAIR

(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 THE BOARD CHAIR OF UWSL. A MONTHLY RETAINER OF \$2,000 IS PAID TO LOVE COMMUNICATIONS FOR THE SERVICES. \$309,863 OF THE TRANSACTION AMOUNT IS MEDIA BUYS THAT WERE PASSED-THROUGH TO MEDIA OUTLETS. LOVE COMMUNICATIONS DONATED MORE THAN \$74,000 IN CONSULTING SERVICES TO UWSL, AND LEVERAGED AN ADDITIONAL \$361,000 IN ADVERTISING SERVICES. 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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | | 162,313. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>ATCH 1</u>) | | | 160,793. | |
| 26 Other ► (<u> </u>) | | | | |
| 27 Other ► (<u> </u>) | | | | |
| 28 Other ► (<u> </u>) | | | | |

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

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | 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 non-standard contributions? | X | |
| 32 a 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32A

USE OF THIRD PARTIES

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|---------------------------|------------------|--|----------------------------------|--------------------------------------|
| VARIOUS NONCASH DONATIONS | X | | 160,793. | COMPARABLE SALES |
| TOTALS | | | <u>160,793.</u> | |

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.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

FORM 990, PART III

LINE 3

FISCAL YEAR 2010/2011 MARKED THE COMPLETION OF A FUNDAMENTAL CHANGE IN THE BUSINESS MODEL OF UNITED WAY OF SALT LAKE. FOR MOST OF ITS HISTORY, UWSL WAS PRIMARILY A FUNDRAISING AND FUND DISTRIBUTING ORGANIZATION. UWSL RAN WORKPLACE-CENTERED FUNDRAISING CAMPAIGNS, THEN "ALLOCATED" FUNDS TO "PARTNER AGENCIES". THIS MODEL SERVED THE COMMUNITY WELL FOR MANY YEARS. HOWEVER, THIS MODEL IS NO LONGER ADEQUATE TO MEET THE NEEDS OF TODAY'S SOCIETY. COMMUNITY PROBLEMS HAVE GROWN IN SCALE AND COMPLEXITY AND THE PROBLEMS THAT EXIST IN INNER CITIES IN LARGER METROPOLITAN AREAS ACROSS THE COUNTRY EXIST IN NEIGHBORHOODS AND COMMUNITIES IN UWSL'S SERVICE AREA. THE PROBLEMS ARE THE SAME: LACK OF STUDENT ACHIEVEMENT, POOR HEALTH CARE, POVERTY AND CRIME.

BEGINNING IN 2002, UWSL STARTED ITS TRANSFORMATION TO A "COMMUNITY IMPACT" ORGANIZATION WHOSE MISSION IS TO ACT AS A COMMUNITY PROBLEM SOLVER. WHILE FUNDRAISING REMAINS A VITAL PART OF OUR STRATEGY, IT IS A MEANS TO ACCOMPLISH OUR MISSION; IT IS NOT OUR MISSION. UWSL HAS ADOPTED A COLLABORATIVE APPROACH TO COMMUNITY PROBLEM-SOLVING CALLED COLLECTIVE IMPACT. THIS APPROACH REQUIRES COLLABORATION AMONG ALL COMMUNITY SECTORS: NON-PROFITS, GOVERNMENTS, EDUCATIONAL INSTITUTIONS, FAITH-BASED ORGANIZATIONS, THE CORPORATE COMMUNITY AND INDIVIDUALS, WHO WORK TOGETHER TOWARD THE DEVELOPMENT OF LONG-TERM SOLUTIONS IN THE AREAS OF EDUCATION, INCOME, AND HEALTH--THE BUILDING BLOCKS FOR A GOOD QUALITY

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

OF LIFE. OUR GOALS FOR THE COMMUNITIES WE SERVE ARE TO:

- * BUILD A STRONG FOUNDATION OF EARLY LEARNING FROM BIRTH TO AGE 8
- * HELP PEOPLE GAIN THE INCOME AND FINANCIAL TOOLS TO THRIVE
- * IMPROVE CHILDREN'S HEALTH AND PROMOTE HEALTHY BEHAVIORS
- * SUPPORT PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH, AND SAFETY

UWSL IS IMPLEMENTING COLLECTIVE IMPACT PARTNERSHIPS IN NEIGHBORHOOD CENTERS (COMMUNITY LEARNING CENTERS AND WELCOME CENTERS) THAT ARE CENTRALLY LOCATED AND EASILY ACCESSIBLE TO CREATE A WEB OF SUPPORT FOR THE ENTIRE FAMILY. UWSL ASSISTS PARTNERSHIPS, COLLABORATIONS, NEIGHBORHOODS AND COMMUNITIES TO INTEGRATE THE FIVE PRINCIPLES OF COLLECTIVE IMPACT WHICH ARE CRITICAL FOR SUCCESS:

1. COMMON AGENDA
2. SHARED MEASUREMENT SYSTEM
3. MUTUALLY-REINFORCING ACTIVITIES
4. CONTINUOUS COMMUNICATIONS
5. BACKBONE SUPPORT ORGANIZATION

UWSL SERVES IN THE ROLE OF THE BACKBONE ORGANIZATION, ASSISTING IN PARTNERSHIPS, COLLABORATIONS, NEIGHBORHOODS AND COMMUNITIES TO INTEGRATE THE FIVE PRINCIPLES. SPECIFICALLY, UWSL BUILDS THE CAPACITY OF NEIGHBORHOODS AND COMMUNITIES, ASSISTS CENTER COORDINATORS, PROVIDES

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

TRAINING AND TECHNICAL ASSISTANCE, AND ENGAGES IN ADVOCACY.

WE BELIEVE THE POTENTIAL OF COLLECTIVE IMPACT PARTNERSHIPS TO "MOVE THE NEEDLE" AND ACHIEVE COMPELLING COMMUNITY-LEVEL CHANGE IS TRULY SIGNIFICANT AND CAN BRING TREMENDOUS ADDITIONAL RESOURCES TO THE NEIGHBORHOODS AND COMMUNITIES THAT NEED IT MOST.

FORM 990, PART VI

SECTION A

LINE 2

BRUCE REESE, A BOARD MEMBER, IS THE FATHER OF GAVIN REESE, A BOARD MEMBER.

JEFF SIMPSON, A BOARD MEMBER, IS A BOARD MEMBER OF BONNEVILLE INTERNATIONAL, WHICH SOLD ASSETS TO HUBBARD RADIO. BRUCE REESE, A BOARD MEMBER, IS AN OFFICER OF HUBBARD RADIO. BONNEVILLE INTERNATIONAL ALSO DOES BUSINESS WITH LOVE COMMUNICATIONS, OF WHICH TOM LOVE, BOARD CHAIR, IS AN OFFICER.

RAY PICKUP, A BOARD MEMBER, IS THE WORK SUPERVISOR OF ELLIOT MORRIS, A BOARD MEMBER.

BOARD MEMBERS BRUCE REESE AND CHARLES SORENSON BOTH SERVE ON THE BOARD OF INTERMOUNTAIN HEALTHCARE.

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

DEBORAH S. BAYLE, CEO, IS A TRUSTEE OF KATHIE MILLER'S FAMILY FOUNDATION.

KATHIE MILLER IS A BOARD MEMBER.

FORM 990, PART VI

SECTION B

LINE 11B

THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO & CFO, THE GOVERNANCE COMMITTEE, THE ADMINISTRATION/FINANCE COMMITTEE, AND THE FULL BOARD.

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.

LINE 15

UNITED WAY OF SALT LAKE (UWSL) UTILIZES A VOLUNTEER EXECUTIVE COMPENSATION COMMITTEE FOR KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE EXECUTIVE COMMITTEE, PLUS ONE MEMBER OF THE ADMINISTRATIVE/FINANCE COMMITTEE WHO IS NOT A MEMBER OF THE BOARD AND WHO HAS A TREMENDOUS LEVEL OF EXPERTISE IN HUMAN RESOURCE MANAGEMENT. OUTSIDE CONSULTANTS CAN BE UTILIZED. THE COMMITTEE FUNCTIONS WITHIN THE GUIDELINES OF A COMMITTEE CHARTER, WHICH OUTLINES THE PURPOSE AND ROLE OF

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

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 KEY EMPLOYEES BASED ON AN ANNUAL COMPENSATION STUDY PREPARED BY UWSL'S TRADE ASSOCIATION, UNITED WAY WORLDWIDE. IT ALSO COMPARES COMPENSATION LEVELS AT OTHER LOCAL NONPROFIT ORGANIZATIONS OF A COMPARABLE SIZE OR LEVEL OF COMMUNITY INFLUENCE AS DISCLOSED ON THEIR 990'S. COMPENSATION LEVELS FOR KEY EMPLOYEES 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 5

UNREALIZED GAIN ON INVESTMENTS 62,165; UNREALIZED INCREASE IN INTEREST IN TRUSTS 8,228; TERMINATION OF BENEFICIAL INTEREST IN TRUST (1,346,639); PENSION RELATED CHANGES (198,586).

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UNITED WAY CENTERS: UNITED WAY HAS SEVERAL COMMUNITY LEARNING CENTERS (CLCS) IN OUR NEIGHBORHOODS UNITING SCHOOLS, FAMILIES, AND

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

ATTACHMENT 1 (CONT'D)

COMMUNITIES. CLCS CREATE A WEB OF OPPORTUNITIES WITH HIGH-QUALITY INSTRUCTIONAL PROGRAMS, COMMITTED PRINCIPALS AND STAFF MEMBERS, AND OUTSTANDING TEACHING METHODS. CLCS ALSO OFFER EDUCATION AND LIFE-SKILL ENRICHMENT BY PROVIDING BEFORE, DURING AND AFTER SCHOOL PROGRAMS WHICH LINK THE ACADEMIC DAY TO OTHER SCHOOL PROGRAMS AND ACTIVITIES CREATING A BROAD EDUCATIONAL ATMOSPHERE.

WHILE BASIC EARLY ACADEMIC EDUCATION IS PIVOTAL, LIFE SKILLS ALSO PLAY A MAJOR ROLE IN LONG-TERM SUCCESS. TO PROVIDE AN EDUCATION THAT IS ALSO APPLICABLE OUTSIDE THE CLASSROOM, CLCS OFFER SERVICES SUCH AS PARENTING CLASSES, ADULT EDUCATION, ENGLISH AS A SECOND LANGUAGE, AND WORKFORCE PREPAREDNESS. SOCIAL AND HEALTH EDUCATION IS ALSO A COMPONENT OF THE CLCS WITH HEALTHY SCHOOL MEALS AND SNACKS, MEDICAL, DENTAL AND MENTAL HEALTH SERVICES, AND CRISIS RESPONSE PREPAREDNESS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

BASIC NEEDS: UNITED WAY OF SALT LAKE 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

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

ATTACHMENT 2 (CONT'D)

SELF-SUFFICIENCY. UNITED WAY GAVE MULTIPLE BASIC NEEDS GRANTS TO COMMUNITY PARTNERS FOR BOTH SHORT-TERM BASIC NEEDS (FOOD, SHELTER, MEDICAL, SAFETY) AND LONG-TERM INFRASTRUCTURE IMPROVEMENTS IN BASIC NEEDS DELIVERY.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

INCOME: CREATING NEIGHBORHOOD RESOURCES IS KEY IN BUILDING STRONG FINANCIAL INDEPENDENCE FOR FAMILIES. PROSPERITY CENTERS IN LOCAL NEIGHBORHOODS EMPOWER FAMILIES AND INDIVIDUALS TO SECURE ADEQUATE INCOME TO BUILD THEIR SAVINGS. PROSPERITY CENTERS ALSO PROVIDE ASSISTANCE WITH THINGS SUCH AS TAX ASSISTANCE, NAVIGATING SERVICES SUCH AS THE DEPARTMENT OF WORKFORCE SERVICES AND FOOD STAMP USE, AS WELL AS CAREER AND JOB GUIDANCE.

UNITED WAY OF SALT LAKE HAS PARTNERED WITH THE UTAH COUNCIL ON FINANCIAL AND ECONOMIC EDUCATION (UCFEE) TO BUILD FINANCIAL STRENGTH IN OUR COMMUNITY. THE UCFEE IS A UNIQUE, PUBLIC-PRIVATE, AND NON-PROFIT COLLABORATION COMPRISED OF APPROXIMATELY 40 SCHOOLS, NON-PROFIT ORGANIZATIONS, CHURCHES, BANKS, CREDIT UNIONS, AND OTHER BUSINESSES. THE UCFEE PROVIDES EASY ACCESS TO FINANCIAL EDUCATION PROGRAMS, MATERIALS AND SUPPORT, AND REINFORCES POSITIVE FINANCIAL BEHAVIORS. THE UCFEE STRIVES TO EMBED FINANCIAL EDUCATION INTO ALL ASPECTS OF A PERSON'S LIFE. UNITED WAY OF SALT LAKE STAFF SUPPORTS THESE ENDEAVORS.

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|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| UNITED WAY OF SALT LAKE | 87-0227091 |
| | ATTACHMENT 4 |

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

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------------------|-------------------|-------------------|----------------|
| HEALTH PROGRAM | 392,714. | 612,526. | |
| DONOR DESIGNATED CONTRIBUTIONS | 1,813,528. | 1,813,528. | |
| TOTALS | <u>2,206,242.</u> | <u>2,426,054.</u> | |

ATTACHMENT 5PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

| (A) NAME AND TITLE | (B) HOURS | (C) POSITION | | | | | COMPENSATION FROM | | |
|---|-----------|--------------|-----|-----|-----|-----|-------------------|----------|-----------|
| | | (1) | (2) | (3) | (4) | (5) | (D) ORG. | (E) REL. | (F) OTHER |
| 29 RAY D PICKUP BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 30 STEWART P RALPHS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 31 BRUCE T REESE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. |
| 32 GAVIN M REESE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. |
| 33 KEVIN RICKLEFS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 34 LORENA RIFFO-JENSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 35 WILLIAM A SEDERBURG BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. |
| 36 LARRY K SHUMWAY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 37 JEFF SIMPSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 38 DEBRA SJOBLUM BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 39 SEAN M SLATTER BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. |
| 40 DR CHARLES W SORENSON JR BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 41 HONORABLE ANDREW H STONE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 42 JILL TAYLOR BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 43 SCOTT C ULBRICH BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. |
| 44 CARLENE M WALKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 45 DONALD WHYTE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. |
| 46 ANDREA P WOLCOTT | | | | | | | | | |

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

| | | | | | | ATTACHMENT 5 (CONT'D) | | |
|----|-------------------|-------|---|---|----------|-----------------------|---------|----|
| | BOARD MEMBER | 2.00 | X | | | 0. | 0. | 0. |
| 47 | MICHAEL A ZODY | | | | | | | |
| | BOARD MEMBER | 1.00 | X | | | 0. | 0. | 0. |
| 48 | M CRAIG ZOLLINGER | | | | | | | |
| | BOARD MEMBER | 1.00 | X | | | 0. | 0. | 0. |
| 49 | DEBORAH S.BAYLE | | | | | | | |
| | PRESIDENT & CEO | 60.00 | X | X | 168,997. | 0. | 17,952. | |
| 50 | REBECCA DUTSON | | | | | | | |
| | COO | 40.00 | | X | 97,427. | 0. | 2,923. | |
| 51 | KEVIN GRIMMETT | | | | | | | |
| | CFO | 40.00 | | X | 83,883. | 0. | 63. | |

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|----------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST & DIVIDENDS | 88,692. | | | 88,692. |
| TOTALS | <u>88,692.</u> | | | <u>88,692.</u> |

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|---------------------|-----------------|--------------------|----------------|
| POWER OF YOUR PURSE | 169,565. | 129,416. | 40,149. |
| TOTALS | <u>169,565.</u> | <u>129,416.</u> | <u>40,149.</u> |

ATTACHMENT 8

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

ATTACHMENT 8 (CONT'D)FORM 990, PART IX - PAYMENTS TO AFFILIATES

| DESCRIPTION | (A) TOTAL EXPENSES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|---------------------------|--------------------------|--------------------------------|----------------------------------|--------------------------------|
| UNITED WAY WORLDWIDE DUES | 123,631. | 40,428. | 11,646. | 71,557. |
| TOTALS | <u>123,631.</u> | <u>40,428.</u> | <u>11,646.</u> | <u>71,557.</u> |

ATTACHMENT 9FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|---------------------------|----------------------|----------------|
| CORPORATE SECURITIES | 642,072. | COST |
| CORPORATE BONDS | 14,036. | COST |
| MUTUAL FUNDS - BONDS | 221,382. | COST |
| MUTUAL FUNDS - SECURITIES | 355,015. | COST |
| TOTALS | <u>1,232,505.</u> | |

Name of the Organization
United Way of Salt Lake

Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

| 1 (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Asian Association of Utah DBA Refugee and Immigrant Center 1588 S Major St Salt Lake City, UT 84115 | 87-0333555 | 501(c)3 | 50,000 | n/a | n/a | n/a | Immigrant & Refugee Initiative - Integration |
| Catholic Community Services of Utah 745 E 300 S Salt Lake City, UT 84102 | 87-0212450 | 501(c)3 | 70,000 | n/a | n/a | n/a | Immigrant & Refugee Initiative - Integration and Basic Needs - Food |
| Comunidades Unidas (CU) 1341 S State St, Ste 211 Salt Lake City, UT 84115 | 13-4257724 | 501(c)3 | 100,000 | n/a | n/a | n/a | Immigrant & Refugee Initiative - Engagement and Immigrant & Refugee Initiative |
| Cottages of Hope 2724 S Washington Blvd Ogden, UT 84401 | 26-0752718 | 501(c)3 | 10,000 | n/a | n/a | n/a | Community Development |
| English Skills Learning Center 631 W North Temple, Ste 70 Salt Lake City, UT 84116 | 87-0467902 | 501(c)3 | 50,000 | n/a | n/a | n/a | Immigrant & Refugee - Language |
| Horizonte Instruction and Training Center 1234 S Main St Salt Lake City, UT 84101 | 87-6000515 | 501(c)3 | 182,276 | n/a | n/a | n/a | Immigrant & Refugee - Integration, Immigrant & Refugee - , Quarters for Christmas, Community Learning Centers |
| International Rescue Committee 1800 S West Temple, Ste 421 Salt Lake City, UT 84115 | 13-5660870 | 501(c)3 | 25,000 | n/a | n/a | n/a | Immigrant & Refugee - Integration |
| Utah Health and Human Rights Project 225 S 200 E, Ste 250 Salt Lake City, UT 84111 | | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Health |
| AAA Fair Credit Foundation 230 W 200 S, Ste 3104 Salt Lake City, UT 84101 | 84-1411225 | 501(c)3 | 83,200 | n/a | n/a | n/a | Basic Needs - Advocacy, Earned Income Tax Credit, Utah Saves |
| Big Brothers Big Sisters of Utah 151 E 5600 S, Ste 200 Salt Lake City, UT 84107 | 87-0336168 | 501(c)3 | 80,000 | n/a | n/a | n/a | Education K-3 Reading, CDG |
| Bountiful Community Food Pantry 480 E 150 N Bountiful, UT 84010 | 84-1628459 | 501(c)3 | 15,000 | n/a | n/a | n/a | Basic Needs - Food |
| Boy Scouts of America, Great Salt Lake Council 525 Foothill Dr Salt Lake City, UT 84113 | 87-0212460 | 501(c)3 | 178,000 | n/a | n/a | n/a | Education K-3 Reading, Basic Needs - Food |
| Boys & Girls Clubs of South Valley P.O. Box 57071 Murray, UT 84157 | 87-0304654 | 501(c)3 | 60,000 | n/a | n/a | n/a | Center Coordinator |

Name of the Organization
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Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

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|--|------------|---------|---------|-----|-----|-----|--|
| Children's Service Society of Utah 124 S 400 E, Ste 400 Salt Lake City, UT 84111 | 87-0212451 | 501(c)3 | 50,000 | n/a | n/a | n/a | Education - Early Childhood Development |
| City of South Salt Lake 220 E Morris Ave, Ste 200 Salt Lake City, UT 84115 | 87-6000283 | 501(c)3 | 351,971 | n/a | n/a | n/a | Center Coordinator, Immigrant & Refugee, Quarters for Christmas, Community Learning Centers, Community Development |
| Community Action Partnership of Utah 230 S 500 W, Ste 260 Salt Lake City, UT 84101 | 87-0509521 | 501(c)3 | 195,000 | n/a | n/a | n/a | Income - WF Dev, Basic Needs, Advocacy, Community Development, Earned Income Tax Credit, Utah Saves |
| Community Health Centers, Inc. 1798 S West Temple, Ste A100 Salt Lake City, UT 84115 | 74-2412898 | 501(c)3 | 70,000 | n/a | n/a | n/a | Basic Needs - Health |
| Community Nursing Services 383 W Vine St, Ste 300 Murray, UT 84123 | 87-0212459 | 501(c)3 | 100,000 | n/a | n/a | n/a | Health Access, Basic Needs - Health, |
| Davis Behavioral Health 2250 N 1700 W Layton, UT 84041 | 87-0430116 | 501(c)3 | 40,000 | n/a | n/a | n/a | Health Access |
| Davis School District 490 S 500 E Kaysville, UT 84037 | 87-0386379 | 501(c)3 | 165,638 | n/a | n/a | n/a | Center coordinator, Community Learning Centers, Quarters for Christmas |
| DCCAV - Safe Harbor Shelter and Crisis Center 660 W Mutton Hollow Rd Kaysville, UT 84037 | 87-0516562 | 501(c)3 | 85,000 | n/a | n/a | n/a | Basic Needs - Safety |
| Disability Law Center 205 N 400 W Salt Lake City, UT 84103 | 87-0326807 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Advocacy |
| Eye Care for Kids 6911 S State St Midvale, UT 84047 | 87-0675404 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Health |
| Family Connection Center 1360 E 1450 S Clearfield, UT 84015 | 87-0421105 | 501(c)3 | 105,000 | n/a | n/a | n/a | Income - WF Dev, Basic Needs - All |
| Family Counseling Center 5250 Commerce Dr, Ste 250 Murray, UT 84107 | 87-0212455 | 501(c)3 | 65,000 | n/a | n/a | n/a | Basic Needs - Health |
| Family Promise 814 W 800 S Salt Lake City, UT 84104 | 87-0547916 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Shelter |
| Fourth Street Clinic 404 S 400 W Salt Lake City, UT 84101 | 87-0569356 | 501(c)3 | 50,000 | n/a | n/a | n/a | Basic Needs - Health |

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FORM 990, SCHEDULE I, PART II

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|---|------------|---------|---------|-----|-----|-----|---|
| Family Support Center - Ogden 3340 S Harrison Blvd, Ste 100 Ogden, UT 84403 | 87-0353853 | 501(c)3 | 15,000 | n/a | n/a | n/a | Community Development |
| Granite School District 2500 S State St Salt Lake City, UT 84115 | 87-6000494 | 501(c)3 | 121,100 | n/a | n/a | n/a | Education - Early Childhood Development, Community Development |
| Guadalupe Center Educational Program, Inc. 340 S Goshen St Salt Lake City, UT 84104 | 87-0299521 | 501(c)3 | 132,817 | n/a | n/a | n/a | Center Coordinator, Quarters for Christmas, Community Development, Community Learning Centers |
| Holy Cross Ministries 860 E 4500 S, Ste 204 Salt Lake City, UT 84107 | 87-0359324 | 501(c)3 | 174,396 | n/a | n/a | n/a | Center Coordinator, Quarters for Christmas, Community Development, Community Learning Centers |
| House of Hope 857 E 200 S Salt Lake City, UT 84102 | | 501(c)3 | 15,000 | n/a | n/a | n/a | Community Development |
| Indian Walk In Center 120 W 1300 S Salt Lake City, UT 84115 | 87-0392380 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Health |
| Intermountain Specialized Abuse Treatment Center 189 S State St, Ste 160 Salt Lake City, UT 84015 | 87-0414241 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Safety |
| Junior Achievement of Utah 515 E 100 S, Ste 200 Salt Lake City, UT 84102 | 87-0225875 | 501(c)3 | 40,000 | n/a | n/a | n/a | Income - Financial Literacy |
| Kearns Jr. High 4040 W 5305 S Salt Lake City, UT 84118 | 87-6000494 | 501(c)3 | 25,000 | n/a | n/a | n/a | Community Learning Centers |
| Kostopulos Dream Foundation 2500 Emigration Canyon Salt Lake City, UT 84108 | 87-6125177 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Health |
| Legal Aid Society of Salt Lake 205 N 400 W Salt Lake City, UT 84103 | 87-0212457 | 501(c)3 | 85,000 | n/a | n/a | n/a | Basic Needs - Advocacy, Basic Needs - Safety |
| Midtown Clinic 2240 Adams Ave Ogden, UT 84401 | 87-0540039 | 501(c)3 | 25,000 | n/a | n/a | n/a | Health Access |
| Midvale Welcome Center | | 501(c)3 | 94,638 | n/a | n/a | n/a | Immigrant & Refugee, Quarters for Christmas |
| Mountainlands Community Housing Trust 1960 Sidewinder Dr, Ste 107 Park City, UT 84060 | 87-0514438 | 501(c)3 | 15,000 | n/a | n/a | n/a | Community Development, Basic Needs, Shelter |
| Mountain View Elementary 1380 S Navajo St Salt Lake City, UT 84116 | 74-2563849 | 501(c)3 | 60,000 | n/a | n/a | n/a | Community Learning Centers |

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FORM 990, SCHEDULE I, PART II

| | | | | | | | |
|---|------------|---------|---------|-----|-----|-----|--|
| National Alliance on Mental Illness Utah 450 S 900 E, Ste 160 Salt Lake City, UT 84102 | 87-0432972 | 501(c)3 | 30,000 | n/a | n/a | n/a | Basic Needs - Advocacy, Basic Needs - health |
| Neighborhood House Association 1050 W 500 S Salt Lake City, UT 84104 | 87-0212462 | 501(c)3 | 65,000 | n/a | n/a | n/a | Basic Needs - health |
| Norwegian Outdoor Exploration Center PO Box 4036 Park City, UT 84060 | 87-0422308 | 501(c)3 | 5,000 | n/a | n/a | n/a | Basic needs - other |
| Odyssey House, Inc - Utah 344 E 100 S, Ste 301 Salt Lake City, UT 84111 | 87-0292487 | 501(c)3 | 50,000 | n/a | n/a | n/a | Basic needs - health |
| Ogden Reinvestment Corporation 2036 Lincoln Ave, Ste 105 Ogden, UT 84401 | 26-4694674 | 501(c)3 | 10,000 | n/a | n/a | n/a | Community Development |
| Park City Education Foundation Park City School District PO Box 681422 Park City, UT 84068 | 74-2552454 | 501(c)3 | 70,000 | n/a | n/a | n/a | Center Coordinator |
| Peace House, Inc. 1912 Sidewinder Dr, Ste 207 Park City, UT 84060 | 85-0500067 | 501(c)3 | 20,000 | n/a | n/a | n/a | Basic Needs - Safety |
| People's Health Clinic 650 Round Valley Dr Park City, UT 84068 | 87-0638042 | 501(c)3 | 25,000 | n/a | n/a | n/a | Health Access |
| People's Market 150 S 800 W Salt Lake City, UT 84104 | | 501(c)3 | 5,000 | n/a | n/a | n/a | Community Development |
| Pioneer Adult Rehabilitation Center 485 PARC Cir Clearfield, UT 84015 | 87-0386379 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - All |
| Project Reality 150 E 700 S Salt Lake City, UT 84115 | 87-0288734 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Health |
| Rape Recovery Center 2035 S 1300 E Salt Lake City, UT 84105 | 87-0308785 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Safety |
| Salt Lake CAP Head Start 1307 S 900 W Salt Lake City, UT 84102 | 87-0269683 | 501(c)3 | 40,000 | n/a | n/a | n/a | Education - Early Childhood Development, Community Development |
| Salt Lake City School District Education Foundation 440 E 100 S Salt Lake City, UT 84111 | 74-2563849 | 501(c)3 | 250,000 | n/a | n/a | n/a | Center Coordinator |
| Salt Lake Community Action Program 764 S 200 W Salt Lake City, UT 84101 | 87-0269683 | 501(c)3 | 125,000 | n/a | n/a | n/a | Center coordinator, Basic Needs - Food |
| Salt Lake County Youth Services 177 W Price Ave Salt Lake City, UT 84115 | | 501(c)3 | 120,699 | n/a | n/a | n/a | Center coordinator, Community Learning Centers, Quarters for Christmas |

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FORM 990, SCHEDULE I, PART II

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|--|------------|---------|---------|-----|-----|-----|--|
| South Valley Sanctuary PO Box 1028 West Jordan, UT 84084 | 87-0543219 | 501(c)3 | 20,000 | n/a | n/a | n/a | Basic Needs - Safety, Community Development |
| The Children's Center 350 S 400 E Salt Lake City, UT 84111 | 87-6114073 | 501(c)3 | 100,000 | n/a | n/a | n/a | Basic Needs - Health |
| The Family Support Center 1760 W 4805 S Taylorsville, UT 84118 | 87-0359719 | 501(c)3 | 35,000 | n/a | n/a | n/a | Basic Needs - Safety Community Development |
| The Haven 974 E South Temple Salt Lake City, UT 84102 | 23-7043339 | 501(c)3 | 20,000 | n/a | n/a | n/a | Basic Needs - Health |
| The Road Home 210 S Rio Grande St Salt Lake City, UT 84101 | 87-0212465 | 501(c)3 | 100,000 | n/a | n/a | n/a | Basic Needs - Shelter |
| The Salvation Army 438 S 900 W Salt Lake City, UT 84102 | 94-1156347 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Food |
| Tooele Valley Community Cooperative 47 S Main St Tooele, UT 84074 | 32-0167874 | 501(c)3 | 50,000 | n/a | n/a | n/a | Basic Needs - Shelter, Basic Needs - Safety, Basic Needs Food |
| TURN Community Services 423 W 800 S, #A200 Salt Lake City, UT 84101 | 87-0303448 | 501(c)3 | 39,250 | n/a | n/a | n/a | Basic Needs - Shelter, Community Development |
| University Neighborhood Partners 1060 S 900 W Salt Lake City, UT 84104 | 87-6000525 | 501(c)3 | 55,000 | n/a | n/a | n/a | Immigrant & Refugee |
| Utah State University Extension 2001 S State St, S-1200 Salt Lake City, UT 84190 | | 501(c)3 | 90,000 | n/a | n/a | n/a | Utah Saves |
| Utah AIDS Foundation 1408 S 1100 E Salt Lake City, UT 84105 | 87-0455172 | 501(c)3 | 10,000 | n/a | n/a | n/a | Basic Needs - Food |
| Utah Food Bank 3150 S 900 W Salt Lake City, UT 84119 | 87-0212453 | 501(c)3 | 100,000 | n/a | n/a | n/a | Basic Needs - Food |
| Utah Health Policy Project 508 E South Temple, Ste 45 Salt Lake City, UT 84102 | 87-0684606 | 501(c)3 | 110,000 | n/a | n/a | n/a | Health Coverage, Basic Needs - Advocacy |
| Utah Legal Services 205 N 400 W Salt Lake City, UT 84103 | 87-0298910 | 501(c)3 | 50,000 | n/a | n/a | n/a | Basic Needs - All |
| Utah Non-Profit Housing 223 W 700 S, Ste C Salt Lake City, UT 84101 | 87-6164397 | 501(c)3 | 5,000 | n/a | n/a | n/a | Community Development |
| Utah Partners for Health 3665 S 8400 W Magna, UT 84044 | 27-0218004 | 501(c)3 | 128,333 | n/a | n/a | n/a | Health Access - Immigrant & Refugee, Community Development, Community Learning Centers |
| Utah Refugee Coalition 140 E 300 S, 5th Fl Salt Lake City, UT 84111 | 26-3952217 | 501(c)3 | 30,000 | n/a | n/a | n/a | Community Development |

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FORM 990, SCHEDULE I, PART II

| | | | | | | | |
|---|------------|---------|-----------|-----|-----|-----|---|
| Utahns Against Hunger 455 E 400 S, Ste 407 Salt Lake City, UT 84111 | 87-0343164 | 501(c)3 | 33,250 | n/a | n/a | n/a | Basic Needs - Advocacy, Community Development |
| Voices for Utah Children 747 E South Temple, Ste 100 Salt Lake City, UT 84108 | 87-0428873 | 501(c)3 | 70,000 | n/a | n/a | n/a | Education K-3 Reading, Community Development |
| Volunteers of America, Utah 435 W Bearcat Dr Salt Lake City, UT 84115 | 94-3008720 | 501(c)3 | 100,000 | n/a | n/a | n/a | Basic Needs - Safety |
| Wasatch Youth Support Systems 3392 W 3500 S West Valley City, UT 84119 | 87-0360801 | 501(c)3 | 25,000 | n/a | n/a | n/a | Basic Needs - Health |
| Woodrow Wilson Elementary 2567 S Main St Salt Lake City, UT 84115 | | 501(c)3 | 638 | n/a | n/a | n/a | Quarters for Christmas |
| YMCA 3098 S Highland Dr, Ste 440 Salt Lake City, UT 84106 | 87-0212472 | 501(c)3 | 15,000 | n/a | n/a | n/a | Community Development |
| YWCA of Salt Lake 322 E 300 S Salt Lake City, UT 84111 | 87-0212467 | 501(c)3 | 100,000 | n/a | n/a | n/a | Basic Needs - Safety |
| VARIOUS-DONOR Designated Gifts to Agencies | VAR. | 501(c)3 | 1,803,383 | n/a | n/a | n/a | Undesignated-Programs Not Known |

TOTAL

\$ 7,089,590