

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****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)

257 EAST 200 SOUTH

Room/suite

300

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

SALT LAKE CITY, UT 84111**F** Name and address of principal officer: **DEBORAH S. BAYLE****257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY****D** Employer identification number**87-0227091****E** Telephone number**801-736-8929****G** Gross receipts \$ **17,960,613.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UW.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1904** **M** State of legal domicile: **UT****Part I Summary**

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
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)	47
4 Number of independent voting members of the governing body (Part VI, line 1b)	45
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	51
6 Total number of volunteers (estimate if necessary)	3500
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.
8 Contributions and grants (Part VIII, line 1h)	11,228,224.
9 Program service revenue (Part VIII, line 2g)	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,154.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,525.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,385,903.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,089,590.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,885,864.
16a Professional fundraising fees (Part IX, column (A), line 11e)	23,217.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,618,286.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,438,187.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,436,858.
19 Revenue less expenses. Subtract line 18 from line 12	949,045.
20 Total assets (Part X, line 16)	14,025,951.
21 Total liabilities (Part X, line 26)	6,027,837.
22 Net assets or fund balances. Subtract line 21 from line 20	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 Signature of officer: **MONA LYMAN BURTON, BOARD CHAIR** Date: **2/14/2013**
 Type or print name and title

Paid Print/Type preparer's name: **RICHARD SCORESBY** Preparer's signature: *Richard Scoresby* Date: **1/31/13** Check ☐ if self-employed PTIN: **P00573067**
Preparer Use Only Firm's name: **CBIZ MHM, LLC** Firm's EIN: **34-1878512**
 Firm's address: **175 S WEST TEMPLE, STE 650** Phone no.: **801-364-9300**
SALT LAKE CITY, UT 84101

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 WILL, 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?☒ X 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 ☒ X No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,331,043. including grants of \$ 2,011,616.) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,266,321. including grants of \$ 1,980,000.) (Revenue \$)
BASIC NEEDS: UNITED WAY SUPPORTS PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH AND SAFETY. BASIC NEEDS SERVICES ARE VITAL TO INDIVIDUALS WITH CHRONIC CONDITIONS AND FOR INDIVIDUALS AND FAMILIES IN CRISIS NEEDING TEMPORARY SUPPORT. WHEN INDIVIDUALS ARE UNABLE TO MEET THEIR IMMEDIATE NEEDS, IT BECOMES MORE DIFFICULT TO FOCUS ON LONG-TERM GOALS SUCH AS EMPLOYMENT, HOUSING, OR EDUCATION. BASIC NEEDS SERVICES ARE CRITICAL TO GETTING PEOPLE BACK ON THEIR FEET AND ON THE ROAD TO SELF-SUFFICIENCY.

4c (Code:) (Expenses \$ 587,353. including grants of \$ 9,000.) (Revenue \$)
SEE SCHEDULE O

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

(Expenses \$ 2,106,887. including grants of \$ 2,106,887.) (Revenue \$)

4e Total program service expenses 8,291,604.

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	34	
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	51	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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?			
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
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 47		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b 45		
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 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **UT**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
KEVIN GRIMMETT - 801-736-7716
257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY, UT 84111

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN B ALEXANDER VICE-CHAIR	2.00	X		X				0.	0.	0.
(2) SHERYL L ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
(3) MARK H BOUCHARD BOARD MEMBER	1.00	X						0.	0.	0.
(4) CHRIS BRAY BOARD MEMBER	1.00	X						0.	0.	0.
(5) CHRISTINE B BUCKLEY BOARD MEMBER	2.00	X						0.	0.	0.
(6) MONA LYMAN BURTON BOARD CHAIR	6.00	X		X				0.	0.	0.
(7) DAN CAMERON BOARD MEMBER	1.00	X						0.	0.	0.
(8) PETER CORROON BOARD MEMBER	1.00	X						0.	0.	0.
(9) LEANN DICKERSON 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) KEM GARDNER BOARD MEMBER	2.00	X						0.	0.	0.
(13) JAMIE GLENN BOARD MEMBER	1.00	X						0.	0.	0.
(14) NATALIE GOCHNOUR BOARD MEMBER	1.00	X						0.	0.	0.
(15) DAVID R GOLDEN BOARD MEMBER	1.00	X						0.	0.	0.
(16) PAULA GREEN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(17) NEIL HAFER BOARD MEMBER	1.00	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIM HODGE BOARD MEMBER	1.00	X						0.	0.	0.
(19) GEORGE HOFMANN BOARD MEMBER	2.00	X						0.	0.	0.
(20) JEFFREY K LARSEN BOARD MEMBER	1.00	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 MEMBER	1.00	X						0.	0.	0.
(25) BEN MCADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(26) KATHIE MILLER CORPORATE SECRETARY	2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								427,755.	0.	32,223.
d Total (add lines 1b and 1c)								427,755.	0.	32,223.

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 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? If "Yes," complete Schedule J for such individual **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN W MILLIKEN BOARD MEMBER	2.00	X						0.	0.	0.
(28) ELLIOT K MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(29) RAY D PICKUP BOARD MEMBER	2.00	X						0.	0.	0.
(30) BRUCE T REESE BOARD MEMBER	1.00	X						0.	0.	0.
(31) GAVIN M REESE BOARD MEMBER	2.00	X						0.	0.	0.
(32) KEVIN RICKLEFS BOARD MEMBER	1.00	X						0.	0.	0.
(33) KEVIN SALMON BOARD MEMBER	1.00	X						0.	0.	0.
(34) WILLIAM A SEDERBURG BOARD MEMBER	1.00	X						0.	0.	0.
(35) JANE SHOCK BOARD MEMBER	1.00	X						0.	0.	0.
(36) LARRY K SHUMWAY BOARD MEMBER	1.00	X						0.	0.	0.
(37) JEFF SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(38) DEBRA SJOBLUM BOARD MEMBER	1.00	X						0.	0.	0.
(39) SEAN M SLATTER BOARD MEMBER	2.00	X						0.	0.	0.
(40) JENNIFER SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(41) DR CHARLES W SORENSON JR BOARD MEMBER	1.00	X						0.	0.	0.
(42) JILL TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(43) SCOTT C ULBRICH BOARD MEMBER	3.00	X						0.	0.	0.
(44) CRAIG WAGSTAFF BOARD MEMBER	1.00	X						0.	0.	0.
(45) MICHAEL A ZODY BOARD MEMBER	2.00	X						0.	0.	0.
(46) M CRAIG ZOLLINGER BOARD MEMBER	1.00	X						0.	0.	0.

Total to Part VII, Section A, line 1c

132201 05-01-11

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	1 a	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	14,823,638.			
	g	Noncash contributions included in lines 1a-1f: \$		353,815.			
	h	Total. Add lines 1a-1f		14,823,638.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		61,216.			61,216.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	2,908,353. 2,300.			
	b	Less: cost or other basis and sales expenses		2,907,849. 24,759.			
	c	Gain or (loss)		504. -22459.			
	d	Net gain or (loss)		-21,955.		-21,955.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	152568.			
	b	Less: direct expenses	b	112066.			
	c	Net income or (loss) from fundraising events		40,502.		40,502.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	UNITED WAY PROCESSING	900099	12,538.	12,538.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		12,538.				
12	Total revenue. See instructions.		14,915,939.	12,538.	0.	79,763.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,107,503.	6,107,503.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	440,757.	235,978.	55,588.	149,191.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,064,579.	1,105,362.	260,383.	698,834.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,664.	500.	35,164.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	162,923.	77,875.		85,048.
12 Advertising and promotion	180,661.	100,423.	550.	79,688.
13 Office expenses	293,706.	127,344.	27,510.	138,852.
14 Information technology	109,760.	65,664.	7,246.	36,850.
15 Royalties				
16 Occupancy	343,855.	150,924.	36,146.	156,785.
17 Travel	13,764.	6,234.	1,099.	6,431.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	107,108.	67,165.	10,022.	29,921.
20 Interest				
21 Payments to affiliates	100,339.	43,546.	10,602.	46,191.
22 Depreciation, depletion, and amortization	86,260.	43,974.	6,359.	35,927.
23 Insurance	31,688.	13,500.	3,342.	14,846.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	164,983.	72,068.	3,519.	89,396.
b DONATED GOODS & SUPPLIES	54,515.	34,320.	17.	20,178.
c RESEARCH	18,800.	7,480.	1,914.	9,406.
d PUBLIC EDUCATION	15,726.	15,726.		
e All other expenses	42,079.	16,018.	5,319.	20,742.
25 Total functional expenses. Add lines 1 through 24e	10,374,670.	8,291,604.	464,780.	1,618,286.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	42,351.	1	4,377,627.
	2 Savings and temporary cash investments	8,182,727.	2	5,027,243.
	3 Pledges and grants receivable, net	4,189,231.	3	5,988,053.
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges	7,656.	9	13,354.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 578,749.		
	b Less: accumulated depreciation	10b 419,282.		
	11 Investments - publicly traded securities	189,116.	10c	159,467.
	12 Investments - other securities. See Part IV, line 11	1,232,505.	11	2,465,704.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	182,365.	14	242,792.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,025,951.	15	18,274,240.	
Liabilities	17 Accounts payable and accrued expenses	166,389.	16	210,685.
	18 Grants payable	5,541,975.	17	5,609,513.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	319,473.	24	217,230.
	26 Total liabilities. Add lines 17 through 25	6,027,837.	25	6,037,428.
	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		4,669,029.	26	
28 Temporarily restricted net assets		3,207,653.	27	4,591,728.
29 Permanently restricted net assets		121,432.	28	7,529,116.
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	115,968.
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		7,998,114.	32	12,236,812.
34 Total liabilities and net assets/fund balances		14,025,951.	33	18,274,240.

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	14,915,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,374,670.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,541,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,998,114.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-302,571.
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	12,236,812.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐b Were the organization's financial statements audited by an independent accountant? ☐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.

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:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ☐

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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.

QMB No. 1545-0047

2011

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, 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)(vii).** (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? _____

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,398,087.	14,994,944.	10,510,832.	11,228,224.	14,823,638.	64,955,725.
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	13,398,087.	14,994,944.	10,510,832.	11,228,224.	14,823,638.	64,955,725.
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)						1,044,518.
6 Public support. Subtract line 5 from line 4.						63,911,207.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,398,087.	14,994,944.	10,510,832.	11,228,224.	14,823,638.	64,955,725.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	418,191.	240,640.	154,064.	88,692.	61,216.	962,803.
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.	65,754.	156,019.
11 Total support. Add lines 7 through 10						66,074,547.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	96.73	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.01	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 ☐

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2011

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 foundationCheck 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, total 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 total 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 Part I, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

UNITED WAY OF SALT LAKE

87-0227091

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

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

If the organization answered "Yes" 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 35c (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 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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

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)	23,201.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	15,228.													
c	Total lobbying expenditures (add lines 1a and 1b)	38,429.													
d	Other exempt purpose expenditures	10336241.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10374670.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	668,734.													
<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)	167,184.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	922,707.	728,677.	679,150.	668,734.	2,999,268.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,498,902.
c Total lobbying expenditures	29,060.	38,210.	23,392.	38,429.	129,091.
d Grassroots nontaxable amount	230,677.	182,169.	169,788.	167,184.	749,818.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,124,727.
f Grassroots lobbying expenditures	786.	8,523.	2,224.	23,201.	34,734.

Schedule C (Form 990 or 990-EZ) 2011

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?			
j Total. Add lines 1c through 1i			
2a 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Supplemental Financial Statements

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

2011

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 section 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 ▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

Part V Endowment Funds. Complete if the 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	983,032.	898,849.	845,509.	1,245,463.	
b Contributions	25,450.				
c Net investment earnings, gains, and losses	22,910.	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	1,031,392.	983,032.	898,849.	845,509.	

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

- a Board designated or quasi-endowment ☒ 68.55 %
 b Permanent endowment ☒ 8.27 %
 c Temporarily restricted endowment ☒ 23.18 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		578,749.	419,282.	159,467.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				159,467.

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. (Col (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. (Col (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) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	72,946.
(3) LEASE PAYOFF PAYABLE	144,284.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	217,230.

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).

2.

132053 01-23-12

Schedule D (Form 990) 2011

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	14,915,939.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,374,670.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,541,269.
4	Net unrealized gains (losses) on investments	4	-20,564.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-143,576.
9	Total adjustments (net). Add lines 4 through 8	9	-164,140.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,377,129.

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	13,298,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-20,564.
b	Donated services and use of facilities	2b	398,168.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	112,066.
e	Add lines 2a through 2d	2e	489,670.
3	Subtract line 2e from line 1	3	12,809,052.
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	2,106,887.
c	Add lines 4a and 4b	4c	2,106,887.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,915,939.

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

1	Total expenses and losses per audited financial statements	1	8,778,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	398,168.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	112,066.
e	Add lines 2a through 2d	2e	510,234.
3	Subtract line 2e from line 1	3	8,267,783.
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	2,106,887.
c	Add lines 4a and 4b	4c	2,106,887.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,374,670.

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.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION RELATED COST -143,576.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 112,066.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DONOR DESIGNATIONS

2,106,887.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

112,066.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

2,106,887.

PART X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX
POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY OR
UNRECOGNIZED TAX BENEFITS.

Department of the Treasury
Internal Revenue Service

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

2011

Open To Public Inspection

Employer identification number
87-0227091

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

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

☒ Yes ☐ No

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EHL CONSULTING GROUP - 2300 COMPUTER AVENUE, BLDG. D-18,	CONSULTING		X	4,100,000.	49,598.	4,100,000.
Total				4,100,000.	49,598.	4,100,000.

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

$$\overline{UT}$$

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 POYP	(b) Event #2 YOUNG LEADERS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	91,190.	61,378.		152,568.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	91,190.	61,378.		152,568.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,915.	8,437.		21,352.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	56,512.	34,202.		90,714.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(112,066)
	11 Net income summary. Combine line 3, column (d), and line 10				40,502.

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				
	2 Cash prizes				
Direct Expenses	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: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
 b If "Yes," explain: _____

- 11 Does the organization 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 ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EHL CONSULTING GROUP

(I) ADDRESS OF FUNDRAISER:

2300 COMPUTER AVENUE, BLDG. D-18, WILLOW GROVE, PA 19090

2011

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

► Attach to Form 990.

Name of the organization

UNITED WAY OF SALT LAKE

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?

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	(f) Method of valuation (book, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--	--	------------------------------------

SEE ATTACHMENT

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

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

84.

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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

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: 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.

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
Alliance House, Inc. 1724 S Main St. Salt Lake City, UT 84115	74-2440617	501(c)3	15,000	n/a	n/a	n/a	Basic Needs Grant
Asian Association of Utah DBA Refugee and Immigrant Center 1588 S Major St Salt Lake City, UT 84115	87-0333555	501(c)3	62,418	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	75,000	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	45,000	n/a	n/a	n/a	Collective Impact Grant & Basic Needs Grant
Community Development 501 E 1700 S Salt Lake City, UT 84105	87-0476889	501(c)3	10,000				Basic Needs Grant
Community Foundation 6550 Millrock Dr, Ste 125 Salt Lake City, UT 84121	74-3211770	501(c)3	10,000				Basic Needs Grant
Davis County Health Dept. 22 South State St. Clearfield, UT 84015		Gov't	8,000	n/a	n/a	n/a	Basic Needs Health Grant
English Skills Learning Center 631 W North Temple, Ste 70 Salt Lake City, UT 84116	87-0467902	501(c)3	55,000	n/a	n/a	n/a	Collective Impact Grant
Horizonte Instruction and Training Center 1234 S Main St Salt Lake City, UT 84101	87-6000515	501(c)3	75,000	n/a	n/a	n/a	Collective Impact Grant
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	20-3901845	501(c)3	20,000	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	50,000	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	Collective Impact
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	70,000	n/a	n/a	n/a	Collective Impact

Name of the Organization
United Way of Salt Lake

Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

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	Collective Impact
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	Collective Impact
City of South Salt Lake 220 E Morris Ave, Ste 200 Salt Lake City, UT 84115	87-6000283	501(c)3	210,000	n/a	n/a	n/a	Collective Impact
Community Action Partnership of Utah 230 S 500 W, Ste 260 Salt Lake City, UT 84101	87-0509521	501(c)3	100,000	n/a	n/a	n/a	Collective Impact, EITC Program & Basic Needs
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	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	Basic Needs-Health
Davis School District 490 S 500 E Kaysville, UT 84037	87-0386379	501(c)3	80,000	n/a	n/a	n/a	Collective Impact
Daylilly Arts Inc 243 E 400 S Salt Lake City, UT 84111		501(c)3	2,000				Day of Service
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
Family Connection Center 1360 E 1450 S Clearfield, UT 84015	87-0421105	501(c)3	105,000	n/a	n/a	n/a	Basic Needs & Collective Impact
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 Counseling Service of Northern Utah 3518 Washington Blvd. Ogden, UT 84403	87-0271413	501(c)3	20,000	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	20,000	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
Granite School District 2500 S State St Salt Lake City, UT 84115	87-6000494	501(c)3	50,000	n/a	n/a	n/a	Collective Impact
Guadalupe Center Educational Program, Inc. 340 S Goshen St Salt Lake City, UT 84104	87-0299521	501(c)3	119,294	n/a	n/a	n/a	Collective Impact
Holy Cross Ministries 860 E 4500 S, Ste 204 Salt Lake City, UT 84107	87-0359324	501(c)3	125,000	n/a	n/a	n/a	Collective Impact & Basic Needs

Name of the Organization
United Way of Salt Lake

Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

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
Jewish Family Services 1111 E Brickyard Rd, Ste 109 Salt Lake City, UT 84106	87-0227089	501(c)3	10,000	n/a	n/a	n/a	Basic Needs
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	Collective Impact
Kostopolus Dream Foundation 4180 E Emigration Canyon Rd Salt Lake City, UT 84108	87-6125177	501(c)3	1,500				Basic Needs
Latinos in Action 9898 North, Wild Flower Circle Cedar Hills City, UT 84062	26-4304427	501(c)3	50,000	n/a	n/a	n/a	Collective Impact
Learning for Life 525 Foothill Blvd. Salt Lake City, UT 84113	87-0212460	501(c)3	500				Misc.
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
Maliheh Free Clinic 415 E 3900 S Salt Lake City, UT 84107	20-2313461	501(c)3	20,500	n/a	n/a	n/a	Basic Needs-Health
Midtown Clinic 2240 Adams Ave Ogden, UT 84401	87-0540039	501(c)3	25,000	n/a	n/a	n/a	Basic Needs-Health
Midvale City 655 W Center St Midvale, UT 84047		Gov't	10,000	n/a	n/a	n/a	Basic Needs
Mountainland Community Housing 1960 Sidewinder Dr Park City, UT 84060	87-0514438	501(c)3	10,000				Community Development
National Alliance on Mental Illness Utah 450 S 900 E, Ste 160 Salt Lake City, UT 84102	87-0432972	501(c)3	25,000	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	70,000	n/a	n/a	n/a	Basic Needs - Health & Safety
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 School District 1950 Monroe Blvd Ogden, UT 84401	94-2685413	School	12,674				Literacy Initiative
Park City Education Foundation Park City School District PO Box 681422 Park City, UT 84068	74-2552454	501(c)3	77,500	n/a	n/a	n/a	Collective Impact
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	Basic Needs-Health

Name of the Organization
United Way of Salt Lake

Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

Playworks 1214 E Wilmington Ave, Ste 102 Salt Lake City, UT 84106	94-3251867	501(c)3	500				Misc.
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	20,000	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	Collective Impact
Salt Lake City School District Education Foundation 440 E 100 S Salt Lake City, UT 84111	74-2563849	501(c)3	37,765	n/a	n/a	n/a	Collective Impact
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	Collective Impact & Basic Needs
Salt Lake County Youth Services 177 W Price Ave Salt Lake City, UT 84115		Gov't	63,000	n/a	n/a	n/a	Collective Impact & Comm. Dev'l
Salt Lake Donated Dental 1383 S 900 W, Ste 128 Salt Lake City, UT 84104	87-0482710	501(c)3	10,000	n/a	n/a	n/a	Basic Needs-Health
Somali Bantu United PO Box 271581 Salt Lake City, UT 84127	27-3759655	501(c)3	5,000				Community Development
South Valley Sanctuary PO Box 1028 West Jordan, UT 84084	87-0543219	501(c)3	25,000	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 Christmas Box House International 3660 S West Temple Salt Lake City, UT 84115	31-1617816	501(c)3	15,000	n/a	n/a	n/a	Basic Needs
The Family Support Center 1760 W 4805 S Taylorsville, UT 84118	87-0359719	501(c)3	30,000	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	115,000	n/a	n/a	n/a	Basic Needs - Shelter
Tooele Valley Community Cooperative 47 S Main St Tooele, UT 84074	32-0167874	501(c)3	55,000	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	40,000	n/a	n/a	n/a	Basic Needs - Shelter, Community Development
United Way of Utah County PO Box 135 Provo, UT 84603	94-2851681	501(c)3	44,000	n/a	n/a	n/a	Collective Impact-Health Me Grow Program

Name of the Organization
United Way of Salt Lake

Employee Identification Number
87-0227091

FORM 990, SCHEDULE I, PART II

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 Community of Volunteers 200 E South Temple Salt Lake City, UT 84111	87-0402863	501(c)3	3,000				
Utah Education Savings Plan PO Box 145100 Salt Lake City, UT 84114		Gov't	2,000				Financial Education
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	100,000	n/a	n/a	n/a	Collective Impact-& Basic Needs
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 Partners for Health 3665 S 8400 W Magna, UT 84044	27-0218004	501(c)3	95,000	n/a	n/a	n/a	Collective Impact
Utah Refugee Coalition 140 E 300 S, 5th Fl Salt Lake City, UT 84111	26-3952217	501(c)3	10,000	n/a	n/a	n/a	Community Development
Utahns Against Hunger 455 E 400 S, Ste 407 Salt Lake City, UT 84111	87-0343164	501(c)3	15,000	n/a	n/a	n/a	Basic Needs - Advocacy, Community Development
Valley Services Inc. 3685 W 6200 S Salt Lake City, UT 84129	87-0503440	501(c)3	5,000	n/a	n/a	n/a	Basic Needs-Health
Voices for Utah Children 747 E South Temple, Ste 100 Salt Lake City, UT 84108	87-0428873	501(c)3	80,000	n/a	n/a	n/a	Collective Impact & Basic Needs
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 & Health
Weber Human Ser. Foundation 237 26th St Ogden, UT 84401	87-0528187	501(c)3	284				Misc.
YMCA of Salt Lake 3098 S Highland Dr, Ste 440 Salt Lake City, UT 84106	87-0212472	501(c)3	10,000				Community Development
YWCA of Salt Lake 322 E 300 S Salt Lake City, UT 84111	87-0212467	501(c)3	115,000	n/a	n/a	n/a	Basic Needs - Safety
VARIOUS-DONOR Designated Gifts to 501(c)3 Agencies	VAR.	501(c)3	2,147,568	n/a	n/a	n/a	Programs designated not Identified by Donors

TOTAL

6,107,503

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

4 During the year, did any person listed 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?

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

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH S.BAYLE	(i) 193,571.	(ii) 20,000.	(iii) 0.	5,623.	21,026.	240,220.	0.
	(ii) 0.	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)						

Schedule J (Form 990) 2011

Department of the Treasury
Internal Revenue Service

► 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

2011

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

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

[illegible]

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

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

[illegible]

Total ▶ \$

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LOVE COMMUNICATIONS	SEE PART V	218,356.	SEE PART V		X

Part V Supplemental Information

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

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(D) DESCRIPTION OF TRANSACTION:

ADVERTISING, PUBLIC RELATIONS, MEDIA RELATIONS AND OTHER COMMUNICATIONS SERVICES PROVIDED BY LOVE COMMUNICATIONS. TOM LOVE IS THE PRESIDENT OF LOVE COMMUNICATIONS AND THE BOARD CHAIR OF UWSL. A MONTHLY RETAINER OF \$2,000 IS PAID TO LOVE COMMUNICATIONS FOR THE SERVICES. \$194,356 OF THE TRANSACTION AMOUNT IS MEDIA BUYS THAT WERE PASSED-THROUGH TO MEDIA OUTLETS. LOVE COMMUNICATIONS DONATED MORE THAN \$53,000 IN CONSULTING SERVICES TO UWSL, AND LEVERAGED AN ADDITIONAL \$345,000 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

2011

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	17	298,766.	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>VARIOUS NONCA</u>)	X	0	76,401.	COMPARABLE SALES
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2011)

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

SCHEDULE M, LINE 32B: NONCASH DONATIONS OF STOCK ARE PROCESSED AND
SOLD BY THE ORGANIZATION'S BROKERAGE FIRM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number
87-0227091

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

UNITED WAY OF SALT LAKE ACQUIRED AND BEGAN OPERATING THE 2-1-1
INFORMATION AND REFERRAL SERVICE PROGRAM. THIS PROGRAM WAS PREVIOUSLY
OPERATED BY THE UTAH FOOD BANK.

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

COLLECTIVE IMPACT: UNITED WAY'S UNIQUE APPROACH TO COMMUNITY PROBLEM
SOLVING.

UNITED WAY OF SALT LAKE HAS ADOPTED A NEW APPROACH TO SOLVE COMMUNITY
PROBLEMS. COLLECTIVE IMPACT REQUIRES THAT EVERYONE WORK TOGETHER -
FOUNDATIONS, BUSINESSES, CITIES, STATE GOVERNMENT, SCHOOLS, CHURCHES,
NONPROFIT ORGANIZATIONS...AND YOU, TO TACKLE OUR MOST PRESSING
CHALLENGES AND TAKE ADVANTAGE OF OUR BIGGEST OPPORTUNITIES.

COLLECTIVE IMPACT REQUIRES THAT PARTNERS WORK WITH UNITED WAY TO:

- 1) CREATE A VISION AND SET GOALS FOR THEIR SPECIFIC NEIGHBORHOOD.
- 2) MEASURE SUCCESS BY TRACKING AND SHARING DATA AND MODIFYING PROGRAMS
TO ENSURE RESULTS.
- 3) ALIGN ALL PROGRAMS, ACTIVITIES, AND STRATEGIES TO MUTUALLY REINFORCE
EACH OTHER.

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

4) CREATE AN ENVIRONMENT OF CONTINUOUS COMMUNICATION.

UNITED WAY OF SALT LAKE SERVES AS THE BACKBONE ORGANIZATION ASSURING
THESE ELEMENTS ARE IN PLACE IN EVERY NEIGHBORHOOD. AS THE BACKBONE
ORGANIZATION, UNITED WAY:

- 1) GUIDES VISION AND STRATEGIES
- 2) BUILDS PUBLIC WILL
- 3) SUPPORTS ALIGNED ACTIVITIES
- 4) ESTABLISHES SHARED MEASUREMENT
- 5) MOBILIZES FUNDRAISING
- 6) ADVANCES PUBLIC POLICIES
- 7) ENGAGES VOLUNTEERS

OUR PROMISE IS TO CREATE OPPORTUNITIES SO CHILDREN - EVEN IN THE
TOUGHEST NEIGHBORHOODS - HAVE THE CHANCE TO BECOME PRODUCTIVE,
SELF-RELIANT MEMBERS OF OUR COMMUNITY. THE LONG-TERM EFFECT BENEFITS US
ALL.

STRATEGIES TO ACHIEVE COLLECTIVE IMPACT INCLUDE BACKBONE FUNCTIONS AND
COORDINATION. WORKING WITH MANY DIFFERENT PARTNERS, WE CONCENTRATE ON
THE MOST CHALLENGED NEIGHBORHOODS IN OUR COMMUNITIES THROUGH 22
NEIGHBORHOOD CENTERS. THESE CENTERS, LOCATED IN SCHOOLS, APARTMENT
COMPLEXES AND COMMUNITY CENTERS, CREATE A WEB OF SUPPORT FOR THE ENTIRE
FAMILY BY FOCUSING ON EDUCATION AS THE FOUNDATION AND INTEGRATING
FINANCIAL STABILITY, HEALTH AND BASIC NEEDS PROGRAMS AND SERVICES.

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

2-1-1 INFORMATION AND REFERRAL IS THE STATE OF UTAH'S INFORMATIONAL AND

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

REFERRAL SYSTEM. A PROGRAM OF UNITED WAY OF SALT LAKE, 2-1-1 IS A FREE INFORMATION AND REFERRAL LINE FOR HEALTH, HUMAN, AND COMMUNITY SERVICES. 2-1-1 PROVIDES INFORMATION AND REFERRALS ON TOPICS SUCH AS EMERGENCY FOOD PANTRIES, RENTAL ASSISTANCE, PUBLIC HEALTH CLINICS, CHILD CARE RESOURCES, SUPPORT GROUPS, LEGAL AID, AND A VARIETY OF OTHER NONPROFIT AND GOVERNMENTAL AGENCIES. UTAH'S 2-1-1 ANSWERED MORE THAN 115,000 CALLS LAST YEAR AND MADE NEARLY 175,000 REFERRALS TO NON-PROFIT AND GOVERNMENT AGENCIES, AS WELL AS TO VOLUNTEER OPPORTUNITIES.

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

DONOR DESIGNATIONS

EXPENSES \$ 2,106,887. INCLUDING GRANTS OF \$ 2,106,887. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: BRUCE REESE, A BOARD MEMBER, IS THE FATHER OF GAVIN REESE, A BOARD MEMBER.

KEM GARDNER, A BOARD MEMBER, IS THE FATHER OF CHRISTIAN GARDNER, A BOARD MEMBER.

JEFF SIMPSON, A BOARD MEMBER, IS A BOARD MEMBER OF DESERET MEDIA. DESERET MEDIA DOES BUSINESS WITH LOVE COMMUNICATIONS, OF WHICH TOM LOVE, BOARD MEMBER, IS AN OFFICER.

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

BOARD MEMBERS BRUCE REESE, KEM GARDNER AND CHARLES SORENSON ALL SERVE ON THE BOARD OF INTERMOUNTAIN HEALTHCARE.

Name of the organization

UNITED WAY OF SALT LAKE

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87-0227091

DEBORAH S. BAYLE, CEO, IS A TRUSTEE OF MARK AND KATHIE MILLER'S FAMILY FOUNDATION. KATHIE MILLER IS A BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO & CFO, THE GOVERNANCE COMMITTEE, AND THE ADMINISTRATION/FINANCE COMMITTEE. A COPY OF THE FORM 990 IS THEN GIVEN TO THE FULL BOARD FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE ETHICS OFFICER, WHO IS THE CHAIR OF THE GOVERNANCE COMMITTEE, AND DISCUSSED BY THE EXECUTIVE COMMITTEE AND THE FULL BOARD. ANY ISSUES ARE PURSUED AND RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15: UNITED WAY OF SALT LAKE (UWSL) UTILIZES A VOLUNTEER EXECUTIVE COMPENSATION COMMITTEE FOR 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 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

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

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, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-20,564.
PRIOR PERIOD ADJUSTMENTS:	-138,431.
PENSION RELATED COST	-143,576.
TOTAL TO FORM 990, PART XI, LINE 5	-302,571.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

JAN 02 2013

Notice Number: CP211A
Date: December 31, 2012

006434.140620.0025.001 1 AT 0.374 373



Taxpayer Identification Number:
87-0227091
Tax Form: 990
Tax Period: June 30, 2012

UNITED WAY OF SALT LAKE
257 E 200 S STE 300
SALT LAKE CTY UT 84111-2078



006434

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.