

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:	C Name of organization <b>UNITED WAY OF GREATER SALT LAKE</b>		D Employer identification number <b>93-2854627</b>
<input type="checkbox"/> Address change	Doing business as <b>UNITED WAY OF SALT LAKE</b>		E Telephone number <b>801-736-8929</b>
<input checked="" type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>257 EAST 200 SOUTH</b>	Room/suite <b>300</b>	G Gross receipts \$ <b>8,702,339.</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>SALT LAKE CITY, UT 84111</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: <b>BILL CRIM</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	J Website: <b>UW.ORG</b>		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>2023</b> M State of legal domicile: <b>UT</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF SALT LAKE (UWSL) MOBILIZES PEOPLE AND RESOURCES TO SUPPORT BASIC NEEDS AND EDUCATION.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	27
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
Expenses	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	6	998
	6 Total number of volunteers (estimate if necessary)	7a	0.
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	<b>12,517,560.</b>	<b>7,924,111.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>647,443.</b>	<b>447,463.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>60,791.</b>	<b>236,542.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-213,195.</b>	<b>-7,865.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,012,599.</b>	<b>8,600,251.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,272,047.</b>	<b>3,111,240.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,817,852.</b>	<b>3,176,105.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>960,593.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,025,748.</b>	<b>1,995,721.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,115,647.</b>	<b>8,283,066.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>2,896,952.</b>	<b>317,185.</b>
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	<b>8,238,866.</b>	<b>8,980,369.</b>
	21 Total liabilities (Part X, line 26)	<b>5,316,169.</b>	<b>5,420,464.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>2,922,697.</b>	<b>3,559,905.</b>

## 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 <b>BRIAN MCCALLION, BOARD CHAIR</b>		Date
	Type or print name and title		
Paid	Preparer's name <b>MARC A. METCALF</b>	Preparer's signature <b>MARC A. METCALF</b>	Date <b>12/01/25</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00170461</b>
Preparer	Firm's name <b>TANNER LLP</b>		Firm's EIN <b>20-2253063</b>
Use Only	Firm's address <b>36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111</b>		Phone no. <b>801-532-7444</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:**UNITED WAY OF SALT LAKE (UWSL) MOBILIZES PEOPLE AND RESOURCES TO SUPPORT BASIC NEEDS AND EDUCATION.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes  No

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 3,309,645. including grants of \$ 417,287. ) (Revenue \$ 447,463. )**211 UTAH IS THE SINGLE ACCESS POINT TO UTAH'S 10,000 DIFFERENT SOCIAL SERVICE PROGRAMS AND RESOURCES. SUPPORTED BY UNITED WAYS OF UTAH (UNITED WAY OF SALT LAKE, UNITED WAY OF CENTRAL AND SOUTHERN UTAH, AND UNITED WAY OF NORTHERN UTAH), THIS VITAL SERVICE HELPS PEOPLE NAVIGATE COMPLEX SYSTEMS BY PROVIDING INFORMATION, SUPPORT, AND ONE-ON-ONE ASSISTANCE. IT IS FREE, CONFIDENTIAL, AND AVAILABLE VIA PHONE (211) IN OVER 200 LANGUAGES, AND VIA TEXT, CHAT, WEB, AND EMAIL IN ENGLISH AND IN SPANISH. 211 UTAH PRIORITIZES SERVICE NAVIGATION, A PROCESS IN WHICH OUR TEAM MEMBERS FOLLOW UP WITH CLIENTS TO DETERMINE WHETHER THEY RECEIVED SERVICES AND HELP THEM REMOVE BARRIERS IF NEEDED--CREATING BETTER OUTCOMES FOR CLIENTS.**4b (Code: \_\_\_\_\_) (Expenses \$ 3,209,367. including grants of \$ 2,693,953. ) (Revenue \$ \_\_\_\_\_)**PROMISE PARTNERSHIP UTAH IS THE STATE'S CROSS-SECTOR, CRADLE-TO-CAREER COLLECTIVE IMPACT INITIATIVE THAT WORKS TO ALIGN, SHARE, AND DEPLOY RESOURCES TO IMPROVE OUTCOMES AND REDUCE DISPARITIES IN: 1) KINDERGARTEN READINESS; 2) THIRD-GRADE READING; 3) EIGHTH-GRADE MATH; 4) HIGH SCHOOL GRADUATION; 5) POSTSECONDARY READINESS; 6) POSTSECONDARY COMPLETION; 7) HEALTH; AND 8) FINANCIAL STABILITY. WE BUILD PARTNERSHIPS IN THE PUBLIC AND PRIVATE SECTORS TO SUPPORT STUDENT SUCCESS IN PROMISE COMMUNITY SCHOOLS, IN PROMISE COMMUNITIES, AND WITHIN LARGER SYSTEMS THAT SERVE CHILDREN AND FAMILIES. OUR NATIONALLY RECOGNIZED MODEL OF CIVIC INFRASTRUCTURE ACHIEVED THE SYSTEMS TRANSFORMATION DESIGNATION BY STRIVETOGETHER (STRIVETOGETHER.ORG) FOR ITS SUCCESS IN IMPROVING OUTCOMES FOR CHILDREN AND FAMILIES.**4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**THE UNITED WAY OF SALT LAKE VOLUNTEER PROGRAM MOBILIZES HUNDREDS OF VOLUNTEERS TO COMPLETE THOUSANDS OF HOURS OF SERVICE THROUGH A VARIETY OF INITIATIVES TO ENSURE THAT UTAH STUDENTS AND FAMILIES SUCCEED IN SCHOOL AND BEYOND. IN ADDITION TO MENTORING, TUTORING, AND MANY OTHER SPECIFIC VOLUNTEER SERVICES, UWSL HOSTS FOUR YEAR OF ACTION EVENTS: READ ACROSS AMERICA DAY (EVENTS FOCUSED ON PROMOTING LITERACY AND PROVIDING THOUSANDS OF NEW BOOKS FOR STUDENTS); STUFF THE BUS (A CAMPAIGN TO COLLECT SCHOOL SUPPLIES AND STUFF BACKPACKS TO EQUIP STUDENTS FOR THE SCHOOL YEAR); DAY OF CARING (A SERIES OF SERVICE PROJECTS THAT PAIR CORPORATE VOLUNTEERS WITH SCHOOL AND COMMUNITY PARTNERS); AND SEASON OF SERVICE (A CAMPAIGN TO MEET STUDENT AND FAMILY NEEDS DURING THE HOLIDAYS).**4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 6,519,012.

Form 990 (2024)

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 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? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
11b X	11c X	
11d X	11e X	
11f X		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a X	
14b X		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a X	
20b X		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21 X	

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	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 .....	23	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 25a .....	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
24c	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	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	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 .....	32	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 .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	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 .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O .....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	21
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	
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" to line 3b, provide an explanation on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	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 as charitable contributions? .....	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
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? .....	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	9a	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? .....		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
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 on Schedule O .....	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17	
If "Yes," complete Form 6069.			

**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 on Schedule O. See instructions.

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	27	
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	26	
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? .....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	X	
6	Did the organization have members or stockholders? .....	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? .....	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? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	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 on Schedule O .....	X	
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? .....	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? .....	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X
b	Describe on 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 .....	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	
13	Did the organization have a written whistleblower policy? .....	
14	Did the organization have a written document retention and destruction policy? .....	
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 .....	
b	Other officers or key employees of the organization .....	
	If "Yes" to line 15a or 15b, describe the process on 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? .....	
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	<b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	<b>ANGELA MATTES - 801-736-8929</b>	
	<b>257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY, UT 84111</b>	

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) BILL CRIM PRESIDENT & CEO	25.00	X					0.	241,599.	0.
	25.00								
(2) ANGELA MATTHES CHIEF FINANCIAL OFFICER	25.00	X					0.	159,500.	0.
	25.00								
(3) AMY AHRENS TERPSTRA CHIEF IMPACT OFFICER	25.00	X					0.	153,061.	0.
	25.00								
(4) CHRISTINA-MAI JUST CHIEF EQUITY OFFICER	25.00	X					0.	142,439.	0.
	25.00								
(5) JAMIE KANEKO VP OF STRATEGIC COMMUNICATIONS	25.00	X					0.	131,385.	0.
	25.00								
(6) KAT JOHNSON CHIEF OF STAFF	25.00	X					0.	126,317.	0.
	25.00								
(7) ELIZABETH GARBE VP OF PUBLIC POLICY	25.00	X					0.	123,762.	0.
	25.00								
(8) ALICIA MARTINEZ BOARD MEMBER	1.00	X					0.	0.	0.
(9) AMANDA EVANS BOARD MEMBER	1.00	X					0.	0.	0.
(10) AMY SMEDLEY BOARD MEMBER	1.00	X					0.	0.	0.
(11) ANDREA ALLISON BOARD MEMBER	1.00	X					0.	0.	0.
(12) BARBARA BAGNASACCO BOARD MEMBER	1.00	X					0.	0.	0.
(13) BRIAN MCCALLION CHAIR	1.00	X					0.	0.	0.
(14) BRIAN STUART BOARD MEMBER	1.00	X					0.	0.	0.
(15) CANDYCE FLY LEE BOARD MEMBER	1.00	X					0.	0.	0.
(16) CRYSTAL LOW BOARD MEMBER	1.00	X					0.	0.	0.
(17) DAVID STAHL 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) DAVID SMITH BOARD MEMBER	1.00	X					0.	0.	0.
(19) EDWARD LOPEZ BOARD MEMBER	1.00	X					0.	0.	0.
(20) JACQUELINE CHIANG BOARD MEMBER	1.00	X					0.	0.	0.
(21) JAKE MURAKAMI BOARD MEMBER	1.00	X					0.	0.	0.
(22) JAMES JACKSON BOARD MEMBER	1.00	X					0.	0.	0.
(23) JAMIE ISSOWITS BOARD MEMBER	1.00	X					0.	0.	0.
(24) JAY FRANCIS BOARD MEMBER	1.00	X					0.	0.	0.
(25) JOELLE STEWARD BOARD MEMBER	1.00	X					0.	0.	0.
(26) JORGE FIERRO BOARD MEMBER	1.00	X					0.	0.	0.
<b>1b Subtotal</b>							0.	1,078,063.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							0.	1,078,063.	0.

**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 **0**

	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 (2024)

## Part VII

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

Total to Part VII, Section A, line 1c .....

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues .....	<b>1b</b>			
	<b>c</b> Fundraising events .....	<b>1c</b> <b>321,932.</b>			
	<b>d</b> Related organizations .....	<b>1d</b> <b>2,744,381.</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> <b>987,849.</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> <b>3,869,949.</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> <b>\$ 59,582.</b>			
	<b>h Total.</b> Add lines 1a-1f .....	<b>7,924,111.</b>			
<b>Program Service Revenue</b>	<b>2 a</b> <b>PROGRAM REVENUE</b>	<b>Business Code</b>			
		<b>624100</b>	<b>447,463.</b>	<b>447,463.</b>	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue .....				
	<b>g Total.</b> Add lines 2a-2f .....		<b>447,463.</b>		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>236,542.</b>		<b>236,542.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties .....				
	<b>6 a</b> Gross rents .....	<b>6a</b>			
	<b>b</b> Less: rental expenses .....	<b>6b</b>			
	<b>c</b> Rental income or (loss) .....	<b>6c</b>			
	<b>d</b> Net rental income or (loss) .....				
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>			
	<b>c</b> Gain or (loss) .....	<b>7c</b>			
	<b>d</b> Net gain or (loss) .....				
	<b>8 a</b> Gross income from fundraising events (not including \$ <b>321,932.</b> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> <b>94,223.</b>			
	<b>b</b> Less: direct expenses .....	<b>8b</b> <b>102,088.</b>			
	<b>c</b> Net income or (loss) from fundraising events .....		<b>-7,865.</b>		<b>-7,865.</b>
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses .....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities .....				
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory .....				
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>			
	<b>b</b>				
	<b>c</b>				
	<b>d</b> All other revenue .....				
	<b>e Total.</b> Add lines 11a-11d .....				
	<b>12 Total revenue.</b> See instructions .....	<b>8,600,251.</b>	<b>447,463.</b>	<b>0.</b>	<b>228,677.</b>

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	3,031,690.	3,031,690.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	79,550.	79,550.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
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 .....	2,564,478.	1,631,028.	400,764.	532,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	112,565.	68,851.	16,918.	26,796.
9 Other employee benefits .....	292,772.	179,077.	44,001.	69,694.
10 Payroll taxes .....	206,290.	126,179.	31,004.	49,107.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	14,583.		14,583.	
c Accounting .....	32,183.		32,183.	
d Lobbying .....	97,245.	97,245.		
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	52,269.		52,269.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	174,957.	39,843.	40,256.	94,858.
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....	678,216.	594,346.	83,870.	
15 Royalties .....				
16 Occupancy .....	262,128.	217,739.	22,546.	21,843.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	34,846.	13,961.		20,885.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	85,114.	72,087.	9,674.	3,353.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a COMMUNICATIONS .....	377,465.	255,577.	26,705.	95,183.
b UNITED WAY MEMBERSHIP D .....	101,596.	73,884.	13,856.	13,856.
c EVENT GIFTS .....	59,582.	29,791.		29,791.
d OTHER .....	25,537.	8,164.	14,832.	2,541.
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	8,283,066.	6,519,012.	803,461.	960,593.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	413,352.	2	1,074,631.
	3 Pledges and grants receivable, net .....	1,221,647.	3	1,124,651.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	11 Investments - publicly traded securities .....	6,243,284.	11	6,709,622.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	360,583.	15	71,465.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	8,238,866.	16	8,980,369.
Liabilities	17 Accounts payable and accrued expenses .....	4,215,025.	17	4,609,357.
	18 Grants payable .....	770,363.	18	753,860.
	19 Deferred revenue .....	0.	19	4,561.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	330,781.	23	52,686.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 Total liabilities. Add lines 17 through 25 .....	5,316,169.	26	5,420,464.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	1,714,488.	27	2,494,407.
	28 Net assets with donor restrictions .....	1,208,209.	28	1,065,498.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	2,922,697.	32	3,559,905.
	33 Total liabilities and net assets/fund balances .....	8,238,866.	33	8,980,369.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	8,600,251.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	8,283,066.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	317,185.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	2,922,697.
5 Net unrealized gains (losses) on investments .....	5	320,023.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	3,559,905.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2024)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

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

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				12517560.	7924111.	20441671.
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 <b>Total.</b> Add lines 1 through 3 .....				12517560.	7924111.	20441671.
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) .....						608,910.
<b>6 Public support.</b> Subtract line 5 from line 4.						19832761.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....				12517560.	7924111.	20441671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				60,791.	236,542.	297,333.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						20739004.
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....				12	1,094,906.	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input checked="" type="checkbox"/>

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f <b>Total</b> of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

Organization type (check one):

**Filers of:**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 organizationForm 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,744,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 734,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 350,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 277,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 257,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 202,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 200,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 198,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 168,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number**

## UNITED WAY OF GREATER SALT LAKE

93-2854627

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

**Part III**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(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



**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		6,776.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		90,469.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		97,245.	
<b>d</b> Other exempt purpose expenditures .....		8,235,640.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		8,332,885.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		566,644.	
<b>IF the amount on line 1e, column (a) or (b), is:</b>	<b>THEN the lobbying nontaxable amount is:</b>		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		141,661.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0 .....		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0 .....		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

## Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount			655,782.	566,644.	1,222,426.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,833,639.
<b>c</b> Total lobbying expenditures			107,160.	97,245.	204,405.
<b>d</b> Grassroots nontaxable amount			163,946.	141,661.	305,607.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					458,411.
<b>f</b> Grassroots lobbying expenditures			18,487.	6,776.	25,263.

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on 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 not be 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 campaign activity 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 answered "Yes."

1	Dues, assessments, and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid):</b>		
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 expenditures next year? .....	4	
5	Taxable amount of lobbying and political expenditures. See instructions .....	5	

## **Part IV Supplemental Information**

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

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number

93-2854627

**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

 Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

 Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

(ii) Assets included in Form 990, Part X .....

\$ .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

b Assets included in Form 990, Part X .....

\$ .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 make 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 program  
 e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	1,506,440.				
b Contributions .....		1,419,971.			
c Net investment earnings, gains, and losses .....	124,359.	190,338.			
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	56,927.	84,600.			
f Administrative expenses .....	15,905.	19,269.			
g End of year balance .....	1,557,967.	1,506,440.			

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

a Board designated or quasi-endowment 58.3400 %  
 b Permanent endowment 41.6600 %  
 c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations? .....

(ii) Related organizations? .....

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				0.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,896,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	320,022.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,772,677.
e	Add lines 2a through 2d	2e	10,092,699.
3	Subtract line 2e from line 1	3	5,803,601.
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	52,269.
b	Other (Describe in Part XIII.)	4b	2,744,381.
c	Add lines 4a and 4b	4c	2,796,650.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,600,251.

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

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

1	Total expenses and losses per audited financial statements	1	12,754,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,267,737.
e	Add lines 2a through 2d	2e	7,267,737.
3	Subtract line 2e from line 1	3	5,486,416.
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	52,269.
b	Other (Describe in Part XIII.)	4b	2,744,381.
c	Add lines 4a and 4b	4c	2,796,650.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,283,066.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

DISTRIBUTION OF ENDOWMENT FUNDS ARE APPROVED BY THE BOARD OF DIRECTORS AND ARE MADE WHEN DEEMED APPROPRIATE. A GUIDELINE FOR DISTRIBUTIONS FROM THE ENDOWMENT FUND EARNINGS, ON A FISCAL YEAR BASIS, IS DEFINED AS 50% OF THE INVESTED INCOME GROWTH OF THE ENDOWMENT FUNDS, UNLESS OTHERWISE RECOMMENDED BY THE BOARD OF DIRECTORS.

**PART X, LINE 2:**

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS FROM OUTSIDE EXPERTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY OR UNRECOGNIZED TAX BENEFITS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES 102,088.

UTAH'S PROMISE REVENUE PER AUDITED FINANCIALS NOT INCLUDED

IN RETURN 9,670,589.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 9,772,677.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

ELIMINATING ENTRY 2,744,381.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

432054 01-02-25 34 2024.05000 UNITED WAY OF GREATER SAL 003342\_11

**Part XIII Supplemental Information (continued)**

SPECIAL EVENT EXPENSES	102,088.
UTAH'S PROMISE EXPENSES PER AUDITED FINANCIALS NOT INCLUDED	
IN RETURN	7,165,649.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,267,737.

PART XII, LINE 4B - OTHER ADJUSTMENTS:  
ELIMINATING ENTRY 2,744,381.

## SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

---

Name of the organization

## UNITED WAY OF GREATER SALT LAKE

**Employer identification number**  
93-2854627

---

## Part I

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

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

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

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

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

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

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

		(a) Event #1 YEAR OF ACTION (event type)	(b) Event #2 POWER OF YOUR PURSE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	95,143.	306,012.	15,000.	416,155.
	2 Less: Contributions .....	82,643.	224,289.	15,000.	321,932.
	3 Gross income (line 1 minus line 2) .....	12,500.	81,723.		94,223.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	70.	102,018.		102,088.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				102,088.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-7,865.

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....

b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

**c** If "Yes," enter the 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? .....

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

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

**Part IV Supplemental Information (continued)**

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER SALT LAKE****Employer identification number**  
**93-2854627****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
10422 MOAB SOLUTIONS INC PO BOX 1549 MOAB, UT 84532	36-4729365	501(C)(3)	0.	9,913.			RAPID RESPONSE FUNDS TO MOAB AREA
2462 UTAH INDEPENDENT LIVING CENTER - 3445 S MAIN ST - SALT LAKE CITY, UT 84115	87-0381510	501(C)(3)	0.	43,327.			RAPID RESPONSE FUNDS TO ASSIST PEOPLE WITH DISABILITIES
4420 MOAB VALLEY MULTICULTURAL CENTER - 156 N 100 W - MOAB, UT 84532	20-8007037	501(C)(3)	0.	17,000.			RAPID RESPONSE TO BUILD BRIDGES ACROSS LANGUAGE AND CULTURE THROUGH FAMILY SUPPORT, COMMUNITY
84 UNITED WAY OF NORTHERN UTAH 2955 HARRISON BLVD, STE 201 OGDEN, UT 84403	87-0224251	501(C)(3)	0.	19,226.			FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT; RAPID RESPONSE
10338 CITY OF MILLCREEK 3330 S 1300 E SALT LAKE CITY, UT 84106	81-4189711	501(C)(3)	0.	168,258.			PROMISE MILLCREEK
1216 UTAH HEALTH POLICY PROJECT 2369 W ORTON CIR, STE 20 WEST VALLEY, UT 84119	87-0684606	501(C)(3)	0.	14,000.			ALLIANCE/ ADVOCACY ORGANIZATIONS; ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **37.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
159 INTERNATIONAL RESCUE COMMITTEE PO BOX 3988 SALT LAKE CITY, UT 84110	13-5660870	501(C)(3)	0.	8,000.			INTERNATIONAL RELIEF; INTERNATIONAL DEVELOPMENT RELIEF SERVICES; INTERNATIONAL
1947 CITY OF SOUTH SALT LAKE 220 E MORRIS AVE, 3RD FLOOR SOUTH SALT LAKE CITY, UT 84115	87-6000283	501(C)(3)	0.	508,412.			PROMISE SOUTH SALT LAKE
1995 CANYONS EDUCATION FOUNDATION 9361 S 300 E SANDY, UT 84070	45-2603900	501(C)(3)	0.	71,000.			WORKS IN TANDEM W/COMMUNITY & BUSINESS PARTNERS TO BUILD SUPPORT FOR PUBLIC SCHOOLS& TO
2340 UTAH COMMUNITY ACTION 1307 S 900 W SALT LAKE CITY, UT 84104	87-0269683	501(C)(3)	0.	112,272.			HUMAN SERVICES ORGANIZATION; EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH);
2428 FAMILY CONNECTION CENTER/OPEN DOORS - 1360 E 1450 S - CLEARFIELD, UT 84015	87-0421105	501(C)(3)	0.	15,000.			EMPOWER INDIVIDUALS & FAMILIES TO OVERCOME ABUSE & POVERTY, & TO ATTAIN SELF-RELIANCE
2489 SALT LAKE COUNTY YOUTH SERVICES - 177 WEST PRICE AVE - SALT LAKE CITY, UT 84115	87-6000316	501(C)(3)	0.	120,000.			COLLECTIVE IMPACT
2894 LATINOS IN ACTION PO BOX 790 SANDY, UT 84091	26-4304427	501(C)(3)	0.	18,000.			EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE
2897 ASIAN ASSOCIATION OF UTAH 155 S 300 W, STE 101 SALT LAKE CITY, UT 84101	87-0333555	501(C)(3)	0.	40,000.			ETHNIC/IMMIGRANT SERVICES
2898 DAVIS SCHOOL DISTRICT PO BOX 588 FARMINGTON, UT 84025	87-0386375	501(C)(3)	0.	205,380.			COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2903 BIG BROTHERS BIG SISTERS OF UTAH - 2121 S STATE ST, #201 - SALT LAKE CITY, UT 84115	87-0336168	501(C)(3)	0.	30,000.			PROVIDE CHILDREN FACING ADVERSITY W/STRONG & ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1
2906 CATHOLIC COMMUNITY SERVICES OF UTAH - 224 N 2200 W - SALT LAKE CITY, UT 84116	87-0212450	501(C)(3)	0.	8,000.			HUMAN SERVICES - MULTIPURPOSE -
2908 COMMUNITY NURSING SERVICES 2830 S REDWOOD RD, STE A WEST VALLEY, UT 84119	87-0212459	501(C)(3)	0.	30,000.			HOME HEALTH CARE
2915 GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	501(C)(3)	0.	552,500.			EDUCATIONAL SERVICES AND SCHOOLS - OTHER; HELP PREPARE GRANITE SCHOOL STUDENTS WITH
2927 THE ROAD HOME 1415 SOUTH MAIN STREET SALT LAKE CITY, UT 84115	87-0212465	501(C)(3)	0.	10,000.			TEMPORARY SHELTER FOR THE HOMELESS; HUMAN SERVICE ORGANIZATIONS; OTHER HOUSING SUPPORT SERVICES
2933 UTAH PARTNERS FOR HEALTH 7651 S MAIN ST MIDVALE, UT 84047	27-0021804	501(C)(3)	0.	80,000.			COMMUNITY HEALTH SYSTEMS; HEALTH (GENERAL AND FINANCING); AMBULATORY HEALTH CENTER, COMMUNITY
3461 MIDTOWN COMMUNITY HEALTH CENTER - SOUTH SALT LAKE - 2253 S STATE ST - SALT LAKE CITY, UT 84115	87-0540039	501(C)(3)	0.	20,000.			PROVIDE MEDICAL, DENTAL, AND MENTAL HEALTH CARE AND PHARMACEUTICALS TO LOW-INCOME FAMILIES.
3690 UNIVERSITY OF UTAH READING CLINIC - 201 S PRESIDENTS CIRCLE ROOM 411 - SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	0.	125,000.			LITERACY-FOCUSED PROFESSIONAL DEVELOPMENT AND SUPPORT FOR TEACHERS; READING TUTORS
3933 UTAH AFTERSCHOOL NETWORK 254 S 600 E, #200 SALT LAKE CITY, UT 84102	76-0820361	501(C)(3)	0.	18,000.			LITERACY-FOCUSED PROFESSIONAL DEVELOPMENT AND SUPPORT FOR TEACHERS; READING TUTORS

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
414 SALT LAKE CENTER FOR SCIENCE EDUCATION - 1400 W GOODWIN AVE - SALT LAKE CITY, UT 84116	74-2563849	501(C)(3)	0.	149,000.			EXPANDED EDUCATIONAL OPPORTUNITIES FOR YOUTH WHO ATTEND SLCSE (ROSE PARK) BY ENGAGING THE
4415 POSITIVE COACHING ALLIANCE 66 FRANKLIN STREET, SUITE 300 OAKLAND, UT 94607	77-0485946	501(C)(3)	0.	10,000.			THE YOUTH SPORTS NETWORK WILL SEEK TO ALIGN PARTNER ORGANIZATIONS WITH THE PROMISE
488 JUNIOR ACHIEVEMENT OF UTAH & IDAHO, INC. - 515 S 700 E, SUITE 1C - SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	0.	6,000.			EDUCATIONAL SERVICES & SCHOOLS - OTHER; EDUCATION, BUSINESS, ENTERPRISE
641 THE CHILDREN'S CENTER 3725 WEST 4100 SOUTH, SUITE 250 SALT LAKE CITY, UT 84120	87-6114073	501(C)(3)	0.	25,000.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
753 UTAHNS AGAINST HUNGER PO BOX 4103 SALT LAKE CITY, UT 84110	87-0343164	501(C)(3)	0.	10,000.			ALLIANCE/ADVOCACY ORGANIZATIONS; AGRICULTURAL, YOUTH DEVELOPMENT; INCREASE
77 UNITED WAY OF CENTRAL AND SOUTHERN UTAH (UTAH COUNTY) - PO BOX 135 - PROVO, UT 84603	94-2851681	501(C)(3)	0.	7,000.			FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT
989 ENGLISH SKILLS LEARNING CENTER 650 E 4500 S, STE 220 SALT LAKE CITY, UT 84107	87-0467902	501(C)(3)	0.	9,000.			ADULT, CONTINUING EDUCATION; TRAINING & SUPERVISING VOLUNTEERS WHO TEACH ESL TO ADULT

**Part III**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	35	79,550.	0.		

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

**PART I, LINE 2:**

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 FORM 990, AS WELL AS SPECIFIC PROGRAM AND ORGANIZATIONAL BUDGETS AND ACTUAL RESULTS. IF A PARTNER'S OPERATING BUDGET IS LESS THAN \$250,000, THE PARTNER MAY SUBMIT YEAR-END FINANCIALS CERTIFIED BY THE BOARD CHAIR AND AGENCY EXECUTIVE IN LIEU OF AN AUDIT FINANCIAL STATEMENT.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: 4420 MOAB VALLEY MULTICULTURAL CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: RAPID RESPONSE TO BUILD BRIDGES ACROSS LANGUAGE AND CULTURE THROUGH FAMILY SUPPORT, COMMUNITY COLLABORATION, AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: 84 UNITED WAY OF NORTHERN UTAH  
(H) PURPOSE OF GRANT OR ASSISTANCE: FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT; RAPID RESPONSE FUNDS

**Part IV Supplemental Information****FOR OGDEN AND SURROUNDING AREAS**

**NAME OF ORGANIZATION OR GOVERNMENT:** 1216 UTAH HEALTH POLICY PROJECT  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** ALLIANCE/ ADVOCACY ORGANIZATIONS; ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDER-SERVED UTAHNS THROUGH BETTER ACCESS, EDUCATION, & PUBLIC POLICY

**NAME OF ORGANIZATION OR GOVERNMENT:** 159 INTERNATIONAL RESCUE COMMITTEE  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** INTERNATIONAL RELIEF; INTERNATIONAL DEVELOPMENT RELIEF SERVICES; INTERNATIONAL MIGRATION, REFUGEE ISSUES

**NAME OF ORGANIZATION OR GOVERNMENT:** 1995 CANYONS EDUCATION FOUNDATION  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** WORKS IN TANDEM W/COMMUNITY & BUSINESS PARTNERS TO BUILD SUPPORT FOR PUBLIC SCHOOLS & TO ADVANCE THE MISSION TO HELP EVERY STUDENT BECOME COLLEGE AND CAREER READY, & FIND MEANINGFUL PURPOSE IN LIFE

**NAME OF ORGANIZATION OR GOVERNMENT:** 2340 UTAH COMMUNITY ACTION  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** HUMAN SERVICES ORGANIZATION; EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH); KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL, EARLY ADMISSIONS

**NAME OF ORGANIZATION OR GOVERNMENT:** 2418 MALIHEH FREE CLINIC  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; PROVIDES FREE MEDICAL SERVICES FOR UNINSURED INDIVIDUALS & LOW INCOME FAMILIES

**NAME OF ORGANIZATION OR GOVERNMENT:** 2894 LATINOS IN ACTION  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE OF GRADUATING FROM COLLEGE

**NAME OF ORGANIZATION OR GOVERNMENT:** 2903 BIG BROTHERS BIG SISTERS OF UTAH  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** PROVIDE CHILDREN FACING ADVERSITY W/STRONG & ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIFE FOR THE BETTER.

**NAME OF ORGANIZATION OR GOVERNMENT:** 2909 COMUNIDADES UNIDAS  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** HUMAN SERVICES ORGANIZATION-ELIMINATE ETHNIC DISPARITIES BY PROMOTING GRASSROOTS OUTREACH, EDUCATION, & CAPACITY BUILDING; WORKS IN COMMUNITIES WITH HIGH PERCENTAGES OF IMMIGRANT FAMILIES.

**NAME OF ORGANIZATION OR GOVERNMENT:** 2915 GRANITE SCHOOL DISTRICT  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** EDUCATIONAL SERVICES AND SCHOOLS - OTHER; HELP PREPARE GRANITE SCHOOL STUDENTS WITH OPPORTUNITIES TO SUCCEED IN HIGHER EDUCATION, CAREER, & LIFE.

**NAME OF ORGANIZATION OR GOVERNMENT:** 2933 UTAH PARTNERS FOR HEALTH  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** COMMUNITY HEALTH SYSTEMS; HEALTH (GENERAL AND FINANCING); AMBULATORY HEALTH CENTER, COMMUNITY CLINIC

**NAME OF ORGANIZATION OR GOVERNMENT:**  
**3501 MIDVALE COMMUNITY BUILDING COMMUNITY**  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR LOW-TO-MODERATE

**Part IV Supplemental Information****INCOME FAMILIES OF MIDVALE CITY & SURROUNDING AREAS****NAME OF ORGANIZATION OR GOVERNMENT:****414 SALT LAKE CENTER FOR SCIENCE EDUCATION****(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDED EDUCATIONAL OPPORTUNITIES FOR YOUTH WHO ATTEND SLCSE (ROSE PARK) BY ENGAGING THE COMMUNITY, BUILDING OUT A WELL-BEING ROOM AND EXPANDING EXPERIENTIAL LEARNING****NAME OF ORGANIZATION OR GOVERNMENT: 4415 POSITIVE COACHING ALLIANCE****(H) PURPOSE OF GRANT OR ASSISTANCE: THE YOUTH SPORTS NETWORK WILL SEEK TO ALIGN PARTNER ORGANIZATIONS WITH THE PROMISE PARTNERSHIP IN WAYS THAT: 1) MEASURABLY IMPROVES THE QUALITY OF COACHING BY DELIVERING EXPERT COACHING TRAINING THAT THEN IMPROVES THE EXPERIENCE OF YOUTH ENGAGED IN SPORTS. 2) MEASURABLY TRANSFERS SEL KNOWLEDGE AND TECHNIQUES TO COACH, PARENT, AND ADMINISTRATOR STAKEHOLDERS, 3) PROMOTES CRADLE-TO-CAREER OUTCOMES BY BUILDING A COMMUNITY OF YOUTH SPORT PRACTITIONERS DEDICATED TOWARD ADDRESSING DEFICIENCIES IN SEL SKILLS IN YOUTH BY INSTILLING PROGRAMS INTO AN ENVIRONMENT OF HIGH-INTEREST FOR YOUTH (I.E. YOUTH SPORTS), 4) ENGAGES UNIVERSITY AND PROFESSIONAL SPORTS TEAMS/PLAYERS, IN WAYS THAT LEAD TO BROADER AND DEEPER PARTNERSHIPS ACROSS YOUTH SPORTS COMMUNITIES****NAME OF ORGANIZATION OR GOVERNMENT: 753 UTAHNS AGAINST HUNGER****(H) PURPOSE OF GRANT OR ASSISTANCE: ALLIANCE/ADVOCACY ORGANIZATIONS; AGRICULTURAL, YOUTH DEVELOPMENT; INCREASE ACCESS TO FOOD THROUGH ADVOCACY, OUTREACH, & EDUCATION****NAME OF ORGANIZATION OR GOVERNMENT: 989 ENGLISH SKILLS LEARNING CENTER****(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT, CONTINUING EDUCATION; TRAINING & SUPERVISING VOLUNTEERS WHO TEACH ESL TO ADULT IMMIGRANTS & REFUGEES IN SLC**

**SCHEDULE J**  
**(Form 990)**(Rev. December 2024)  
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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number  
**93-2854627****Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

### **Part III Supplemental Information**

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number  
93-2854627

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ..				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <u>EVENT GIFTS</u> )	X	124	59,582.	FMV
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 V, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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	

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

Schedule M (Form 990) 2024

## Part II

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

**SCHEDULE M, PART I, LINE 32B:**

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF GREATER SALT LAKE

Employer identification number  
93-2854627**FORM 990, PART VI, SECTION A, LINE 3:**

UNITED WAY OF SALT LAKE HAS NO EMPLOYEES. THE ORGANIZATION HAS AN ADMINISTRATIVE SERVICES AGREEMENT WITH ITS RELATED ENTITY, UTAH'S PROMISE, TO PROVIDE MANAGEMENT AND ADMINISTRATIVE SERVICE SUPPORT TO THE ORGANIZATION ON A REIMBURSEMENT BASIS.

**FORM 990, PART VI, SECTION A, LINE 6:**

THE CORPORATION HAS ONE VOTING MEMBER, UTAH'S PROMISE, A UTAH NONPROFIT CORPORATION.

**FORM 990, PART VI, SECTION A, LINE 7A:**

THE MEMBERS OF THE BOARD OF DIRECTORS ARE APPOINTED BY ITS VOTING MEMBER, UTAH'S PROMISE.

**FORM 990, PART VI, SECTION A, LINE 7B:**

THE GOVERNING BOARD HAS GIVEN A BOARD COMMITTEE, COLLECTIVE IMPACT COUNCIL, AUTHORITY TO REVIEW ALL GRANTS, APPROVE GRANTS UNDER \$25,000 UP TO A CUMULATIVE MONTHLY TOTAL OF \$100,000, AND RECOMMEND GRANTS ABOVE \$25,000 TO THE FULL BOARD FOR APPROVAL. CEO AND CIO HAVE AUTHORITY TO APPROVE GRANTS UP TO \$5,000, NOT TO EXCEED \$10,000 IN APPROVAL EACH MONTH. THE GOVERNING BOARD AUTHORIZES A REPRESENTATIVE COMMUNITY PANEL TO MAKE GRANT DECISIONS EQUAL TO OR LESS THAN 10% OF ITS OVERALL GRANTS BUDGET.

**FORM 990, PART VI, SECTION A, LINE 7B:**

THE VOTING MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO AUTHORIZE, APPROVE AND RATIFY ANY ACTION TO: (I) AMEND THESE ARTICLES OF INCORPORATION OR THE CORPORATION'S BYLAWS; (II) DISSOLVE THE CORPORATION, MERGE WITH ANOTHER ENTITY OR DISPOSE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (III) TAKE ON NEW DEBT; (IV) IMPLEMENT A SIGNIFICANT SHIFT IN THE CORPORATION'S STRATEGY; (V) BUY MATERIAL ASSETS; (VI) ENTER INTO MATERIAL CONTRACTS IMPACTING THE STRATEGY OF THE CORPORATION OR ITS ROLE IN THE COMMUNITY; OR (VII) MATERIALLY ADJUST EXECUTIVE OFFICER COMPENSATION.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO & CFO, AND THE FINANCE COMMITTEE OF THE UNITED WAY OF SALT LAKE BOARD. A COPY OF THE FORM 990 IS THEN GIVEN TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

**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 AND ETHICS COMMITTEE, THE GOVERNANCE AND ETHICS COMMITTEE ITSELF, AND BY THE FULL BOARD. ANY POTENTIAL ISSUES ARE PURSUED AND RESOLVED.

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

UWSL'S EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD AND SETS THE COMPENSATION FOR THE SENIOR MANAGEMENT TEAM. UWSL USES Payscale to maintain an ongoing data set of comparable salary information and establishes pay grades and ranges for each position in the organization. The executive compensation committee uses that data, as well as compensation studies from United Way Worldwide and others, to determine recommended compensation levels. Recommendations of the executive

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

---

Name of the organization

## UNITED WAY OF GREATER SALT LAKE

**Employer identification number**

93-2854627

COMPENSATION COMMITTEE ARE REVIEWED 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 THE HOMEPAGE OF ITS WEBSITE.

Name of the organization

## UNITED WAY OF GREATER SALT LAKE

**Employer identification number**  
**93-2854627**

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

## UTAH'S PROMISE

PRIMARY ACTIVITY: HELP KIDS AND FAMILIES THRIVE BY UNIFYING LEADERS.

## PARTNERS, & COMMUNITIES