

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing fields B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block form with fields for Sign Here (Signature of officer, Date, Name and title) and Paid (Preparer's name, Signature, Date, PTIN, Firm's name, EIN, Address, Phone no.)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

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

4a (Code:) (Expenses \$ 3,718,050. including grants of \$ 53,672.) (Revenue \$) 211 UTAH IS THE STATE'S LEADING RESOURCE NETWORK CONNECTING UTAHNS IN NEED WITH LOCAL HEALTH AND SOCIAL SERVICES. 211 UTAH IS A CRITICAL PART OF UTAH'S HEALTH AND HUMAN SERVICE DELIVERY SYSTEM, COMPRISED OF OVER 2,500 ORGANIZATIONS PROVIDING MORE THAN 8,800 SERVICES. 211 MAKES NEARLY 300,000 CONNECTIONS TO HOUSING, FOOD, TRANSPORTATION, AND OTHER ESSENTIAL RESOURCES EACH YEAR. ADDITIONALLY, 211 WORKS WITH HEALTH SYSTEMS, THE STATE AND OTHERS TO PROVIDE CUSTOMIZED SUPPORT AND SERVICE NAVIGATION TO SPECIFIC POPULATIONS AND HELPS SUPPORT COMMUNITY SERVICE PROVIDERS THROUGH FREE TRAINING AND DATA INSIGHTS TO HELP IMPROVE SERVICE DELIVERY. 211 HOUSES VAST AMOUNTS OF DATA THAT IDENTIFY DISPARITIES AND GAPS IN SERVICES THROUGHOUT UTAH. THIS INFORMATION IS PASSED ALONG TO ELECTED OFFICIALS AND THOSE WHO LEAD OUR PUBLICLY

4b (Code:) (Expenses \$ 4,390,520. including grants of \$ 3,983,486.) (Revenue \$ 647,443.) UNITED WAY OF SALT LAKE (UWSL) MOBILIZES PEOPLE AND RESOURCES TO SUPPORT BASIC NEEDS AND EDUCATION. BARRIERS IN EDUCATION, ECONOMIC AND HEALTH SYSTEMS LIMIT OPPORTUNITIES AND INHIBIT THE ABILITY OF MANY IN THEIR COMMUNITY TO ACHIEVE THEIR POTENTIAL. AT UNITED WAY OF SALT LAKE, WE KNOW CHARITY IS NOT ENOUGH. WE WORK TO CHANGE THE SYSTEMS THAT KEEP PEOPLE IN POVERTY BY ADDRESSING THE INEQUITIES THAT KIDS IN OUR COMMUNITIES FACE. WE BELIEVE EVERY CHILD DESERVES THE SAME CHANCE TO ACHIEVE THEIR DREAMS, NO MATTER THEIR RACE OR THE NEIGHBORHOOD THEY LIVE IN. WE MUST WORK TOGETHER TO MAKE IT HAPPEN AND THAT'S WHY WE BRING SCHOOLS, BUSINESSES, AND COMMUNITY LEADERS TO THE TABLE, TO MAKE SURE EVERY CHILD CAN SUCCEED IN LIFE. FROM THE ORGANIZATION'S FEE FOR SERVICE CONTRACTS, THE UWSL MANAGES AND

4c (Code:) (Expenses \$ 234,889. including grants of \$ 234,889.) (Revenue \$) DONOR DESIGNATIONS ARE CONTRIBUTIONS IN WHICH DONORS SPECIFY HOW THEIR CONTRIBUTIONS WILL BE USED BY DESIGNATING A UNITED WAY COMMUNITY IMPACT PRIORITY, A UNITED WAY MANAGED PROGRAM, OR ANY BONA FIDE NONPROFIT AGENCY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,343,459.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 26; 1b Enter the number of voting members included on line 1a... 25; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 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...; 7b 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? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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. [X] Own website [] Another's website [X] Upon request [] 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
ANGELA MATTHES - 801-736-8929
257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY, UT 84111

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	Former			
(1) BILL CRIM PRESIDENT & CEO	25.00 25.00	X		X				0.	216,883.	13,743.
(2) PETER MOES CHIEF DEVELOPMENT OFFICER	20.00 20.00					X		0.	141,386.	23,958.
(3) ANGELA MATTHES CFO	20.00 20.00			X				0.	145,980.	9,615.
(4) CHRISTINA-MAI JUST CHIEF EQUITY OFFICER	20.00 20.00					X		0.	126,947.	24,254.
(5) AMY TERPSTRA CHIEF IMPACT OFFICER	20.00 20.00					X		0.	140,250.	8,838.
(6) JAMIE KANEKO VICE PRESIDENT OF STRATEGIC COMMUNIC	20.00 20.00					X		0.	121,800.	17,818.
(7) KAT JOHNSON CHIEF OF STAFF	5.00 40.00					X		0.	121,800.	7,580.
(8) CRYSTAL LOW CHAIR	1.00 1.00	X		X				0.	0.	0.
(9) ANDREA ALLISON MEMBER	1.00 1.00	X						0.	0.	0.
(10) MICHELLE AZZARO MEMBER	1.00 1.00	X						0.	0.	0.
(11) BARBARA BAGNASACCO MEMBER	1.00 1.00	X						0.	0.	0.
(12) MATT BARTOL MEMBER	1.00 1.00	X						0.	0.	0.
(13) JACQUELINE CHIANG MEMBER	1.00 1.00	X						0.	0.	0.
(14) GINGER CHINN MEMBER	1.00 1.00	X						0.	0.	0.
(15) OLGA DE LA CRUZ MEMBER	1.00 1.00	X						0.	0.	0.
(16) YVETTE DONOSSO MEMBER	1.00 1.00	X						0.	0.	0.
(17) JORGE FIERRO MEMBER	1.00 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	Former			
(18) CANDYCE FLY LEE VICE CHAIR	1.00	X		X				0.	0.	0.
(19) RICK FOSTER MEMBER	1.00	X						0.	0.	0.
(20) JAY FRANCIS MEMBER	1.00	X						0.	0.	0.
(21) AMANDA KIZERIAN MEMBER	1.00	X						0.	0.	0.
(22) KAREN KWAN MEMBER	1.00	X						0.	0.	0.
(23) JAMES JACKSON MEMBER	1.00	X						0.	0.	0.
(24) BRIAN MCCALLION MEMBER	1.00	X						0.	0.	0.
(25) JAKE MURAKAMI MEMBER	1.00	X						0.	0.	0.
(26) DAVE SMITH MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	1,015,046.	105,806.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,015,046.	105,806.

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 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	422,363.				
	d	Related organizations	1d	7,431,602.				
	e	Government grants (contributions)	1e	920,220.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,743,375.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 110,061.				
	h	Total. Add lines 1a-1f		12,517,560.				
	Program Service Revenue	2 a	PROGRAM REVENUE	Business Code				
			624100	647,443.	647,443.			
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		647,443.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		60,791.		60,791.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
c	Gain or (loss)	7c						
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 422,363. of contributions reported on line 1c). See Part IV, line 18	8a		70,461.				
			b	Less: direct expenses	8b	283,656.		
			c	Net income or (loss) from fundraising events		-213,195.		-213,195.
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			b	Less: direct expenses	9b			
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a						
			b	Less: cost of goods sold	10b			
			c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		13,012,599.	647,443.	0.	-152,404.	

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 ...	4,110,198.	4,110,198.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	161,849.	161,849.		
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	3,085,114.	2,468,091.	246,809.	370,214.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,878.	103,903.	10,390.	15,585.
9 Other employee benefits	382,633.	306,106.	30,611.	45,916.
10 Payroll taxes	220,227.	176,182.	17,618.	26,427.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,249.		17,249.	
c Accounting	67,790.		67,790.	
d Lobbying	107,160.	107,160.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	589,213.	471,370.	47,138.	70,705.
12 Advertising and promotion	430.	430.		
13 Office expenses	121,066.		121,066.	
14 Information technology	624,202.		624,202.	
15 Royalties				
16 Occupancy	171,055.	136,844.	13,684.	20,527.
17 Travel	10,052.	10,052.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	73,274.	73,274.		
20 Interest				
21 Payments to affiliates	112,973.	112,973.		
22 Depreciation, depletion, and amortization	92,070.	73,656.	7,366.	11,048.
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 OTHER EXPENSES	39,214.	31,371.	3,137.	4,706.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,115,647.	8,343,459.	1,207,060.	565,128.
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	0.	2	413,352.
	3 Pledges and grants receivable, net	0.	3	1,221,647.
	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		11	6,243,284.
	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	0.	15	360,583.
16 Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	8,238,866.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	4,215,025.
	18 Grants payable	0.	18	770,363.
	19 Deferred revenue		19	
	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	0.	23	330,781.
	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	0.	26	5,316,169.
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	0.	27	1,714,488.
	28 Net assets with donor restrictions	0.	28	1,208,209.
	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	0.	32	2,922,697.
33 Total liabilities and net assets/fund balances	0.	33	8,238,866.	

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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	13,012,599.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,115,647.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,896,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	25,745.
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	2,922,697.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					12,517,560.	12,517,560.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					12,517,560.	12,517,560.
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)						665,684.
6 Public support. Subtract line 5 from line 4.						11,851,876.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4					12,517,560.	12,517,560.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					60,791.	60,791.
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.)						
11 Total support. Add lines 7 through 10						12,578,351.
12 Gross receipts from related activities, etc. (see instructions)					12	647,443.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.22 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

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 for the latest information.

OMB No. 1545-0047

2023

Name of the organization UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number 93-2854627
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) (2023)

Name of organization UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number 93-2854627
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 732,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 272,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 667,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 7,431,602.	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 UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number 93-2854627
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number 93-2854627
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization	UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number	93-2854627
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	18,487.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	88,673.													
c	Total lobbying expenditures (add lines 1a and 1b)	107,160.													
d	Other exempt purpose expenditures	10,008,487.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,115,647.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	655,782.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	163,946.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount				655,782.	655,782.
b Lobbying ceiling amount (150% of line 2a, column(e))					983,673.
c Total lobbying expenditures				107,160.	107,160.
d Grassroots nontaxable amount				163,946.	163,946.
e Grassroots ceiling amount (150% of line 2d, column (e))					245,919.
f Grassroots lobbying expenditures				18,487.	18,487.

Schedule C (Form 990) 2023

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **UNITED WAY OF GREATER SALT LAKE**
DBA UNITED WAY OF 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d

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

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

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

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)?

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 \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9). Total row at the bottom.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9). Total row at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes sub-rows (1) Federal income taxes, (2) through (9). Total row at the bottom.

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 ... [X]

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	10,937,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 25,745.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 5,599,502.		
e	Add lines 2a through 2d		2e	5,625,247.
3	Subtract line 2e from line 1		3	5,312,039.
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 34,069.		
b	Other (Describe in Part XIII.)	4b 7,666,491.		
c	Add lines 4a and 4b		4c	7,700,560.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,012,599.

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	15,162,521.
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 12,747,434.		
e	Add lines 2a through 2d		2e	12,747,434.
3	Subtract line 2e from line 1		3	2,415,087.
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 34,069.		
b	Other (Describe in Part XIII.)	4b 7,666,491.		
c	Add lines 4a and 4b		4c	7,700,560.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,115,647.

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.

THE ENDOWMENT WAS TRANSFERRED FROM UTAH'S PROMISE FORMERLY KNOWN AS UNITED

WAY OF SALT LAKE TO UNITED WAY OF GREATER SALT LAKE.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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:

DONOR DESIGNATED CONTRIBUTIONS INCLUDED IN REVENUE

SPECIAL EVENT EXPENSES	283,656.
------------------------	----------

UTAH'S PROMISE REVENUE NOT INCLUDED IN RETURN	5,315,846.
---	------------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,599,502.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

ASSET TRANSFER ELIMINATING ENTRY	7,431,602.
----------------------------------	------------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	7,666,491.
---------------------------------------	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	283,656.
------------------------	----------

UTAH'S PROMISE EXPENSES NOT ON THE RETURN	12,463,778.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	12,747,434.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNED CONTRIBUTIONS	234,889.
------------------------------	----------

ASSET TRANSFER ELIMINATING ENTRY	7,431,602.
----------------------------------	------------

TOTAL TO SCHEDULE D, PART XII, LINE 4B	7,666,491.
--	------------

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	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		UNION EVENTS (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	492,824.		492,824.
	2	Less: Contributions	422,363.		422,363.
	3	Gross income (line 1 minus line 2)	70,461.		70,461.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	283,656.		283,656.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			283,656.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-213,195.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. 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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER SALT LAKE**
DBA UNITED WAY OF 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
ASIAN ASSOCIATION OF UTAH DBA REFUGEE AND IMMIGRANT CENTER - 155 S 300 W - SALT LAKE CITY, UT 84101	87-0333555	501(C)(3)	41,500.	0.			ETHNIC/IMMIGRANT SERVICES
BIG BROTHERS BIG SISTERS OF UTAH 2121 SOUTH STATE STREET STE 201 SALT LAKE CITY, UT 84115	87-0336168	501(C)(3)	157,700.	0.			PROVIDE CHILDREN FACING ADVERSITY W/STRONG & ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1
BOUNTIFUL COMMUNITY FOOD PANTRY 480 E 150 N BOUNTIFUL, UT 84010	84-1628459	501(C)(3)	16,600.	0.			EDUCATIONAL SERVICES AND SCHOOLS - OTHER - BASIC NEEDS-FOOD PANTRY
BOY SCOUTS OF AMERICA - CROSSROADS OF THE WEST COUNCIL - 1200 EAST 5400 SOUTH - OGDEN, UT 84403	87-0212460	501(C)(3)	59,125.	0.			PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME BY INSTILLING VALUES OF
CANYONS SCHOOL DISTRICT 9361 S 300 E SANDY, UT 84070	45-2603900	501(C)(3)	143,500.	0.			WORKS IN TANDEM W/COMMUNITY & BUSINESS PARTNERS TO BUILD SUPPORT FOR PUBLIC SCHOOLS& TO
CATHOLIC COMMUNITY SERVICES OF UTAH - 224 NORTH 2200 WEST - SALT LAKE CITY, UT 84116	87-0212450	501(C)(3)	41,501.	0.			HUMAN SERVICES - MULTIPURPOSE -

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **47.**
- 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) 2023

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
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	26,744.	0.			HUMAN SERVICES - MULTIPURPOSE - FOOD BANKS, FOOD PANTRIES, THRIFT SHOPS -
CITY OF MILLCREEK 3330 S 1300 E MILLCREEK, UT 84106	81-4189711	GOV'T	159,999.	0.			PROMISE MILLCREEK
CITY OF SOUTH SALT LAKE 220 E MORRIS AVE, STE 200 SOUTH SALT LAKE, UT 84115	87-6000283	GOV'T	480,732.	0.			PROMISE SOUTH SALT LAKE
COMMUNITY NURSING SERVICES - SALT LAKE OFFICE - 2830 SOUTH REDWOOD ROAD STE A - WEST VALLEY CITY, UT 84119	87-0212459	501(C)(3)	52,361.	0.			HOME HEALTH CARE
COMUNIDADES UNIDAS 1750 WEST RESEARCH WAY STE 102 WEST VALLEY CITY, UT 84119	13-4257724	501(C)(3)	20,750.	0.			HUMAN SERVICES ORGANIZATION-ELIMINATE ETHNIC DISPARITIES BY PROMOTING GRASSROOTS
CURLY ME PO BOX 2353 SALT LAKE CITY, UT 84110	82-4672598	501(C)(3)	43,500.	0.			FOR PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY
DAVIS SCHOOL DISTRICT/ DAVIS EDUCATION FOUNDATION - PO BOX 588 - FARMINGTON, UT 84025	87-0386375	501(C)(3)	181,908.	0.			COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS
ENGLISH SKILLS LEARNING CENTER 650 EAST 4500 SOUTH STE 220 SALT LAKE CITY, UT 84107	87-0467902	501(C)(3)	46,500.	0.			ADULT, CONTINUING EDUCATION; TRAINING & SUPERVISING VOLUNTEERS WHO TEAH ESL TO ADULT
GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	501(C)(3)	527,660.	0.			EDUCATIONAL SERVICES AND SCHOOLS - OTHER; HELP PREPARE GRANITE SCHOOL STUDENTS WITH

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
HELP ME GROW- UNITED WAY OF UTAH COUNTY - 148 NORTH 100 WEST - PROVO, UT 84601	94-2851681	501(C)(3)	36,520.	0.			FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT
INTERNATIONAL RESCUE COMMITTEE - SALT LAKE CITY - PO BOX 3988 - SALT LAKE CITY, UT 84110-3988	13-5660870	501(C)(3)	41,499.	0.			INTERNATIONAL RELIEF; INTERNATIONAL DEVELOPMENT RELIEF SERVICES; INTERNATIONAL
JEWISH FAMILY SERVICE - SALT LAKE 495 EAST 4500 SOUTH STE 100 MILLCREEK, UT 84107	87-0227089	501(C)(3)	16,175.	0.			SERVES INDIVIDUALS FROM ALL DENOMINATIONS THROUGH COUNSELING, CARE MANAGEMENT, & COMMUNITY
JUNIOR ACHIEVEMENT OF UTAH, INC. 515 S 700 E, STE 1F SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	33,200.	0.			EDUCATIONAL SERVICES & SCHOOLS - OTHER; EDUCATION, BUSINESS, ENTERPRISE
LATINOS IN ACTION 1200 EAST SANDERS ROAD SANDY, UT 84094	26-4304427	501(C)(3)	91,747.	0.			EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE
MALIHEH FREE CLINIC 941 E 3300 S SALT LAKE CITY, UT 84106	20-2313461	501(C)(3)	16,600.	0.			AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; PROVIDES FREE MEDICAL SERVICES FOR UNINSURED
MIDTOWN HEALTH CENTER- SOUTH SALT LAKE - 2253 S STATE ST - SALT LAKE CITY, UT 84115	87-0540039	501(C)(3)	20,750.	0.			PROVIDE MEDICAL, DENTAL, AND MENTAL HEALTH CARE AND PHARMACEUTICALS TO LOW-INCOME FAMILIES.
MIDVALE COMMUNITY BUILDING COMMUNITY - 49 W CENTER ST, #1 - MIDVALE, UT 84047	46-0548747	501(C)(3)	8,300.	0.			PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR
MOAB VALLEY MULTICULTURAL CENTER 156 N 100 W MOAB, UT 84532	20-8007037	501(C)(3)	16,402.	0.			RAPID RESPONSE TO BUILD BRIDGES ACROSS LANGUAGE AND CULTURE THROUGH FAMILY SUPPORT, COMMUNITY

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
NEIGHBORWORKS SALT LAKE 622 WEST 500 NORTH SALT LAKE CITY, UT 84116	94-2481205	501(C)(3)	20,750.	0.			FINANCIAL LITERACY IN PROMISE COMMUNITIES
NUANUA COLLECTIVE 893 N SIR PHILIP DR SALT LAKE CITY, UT 84116	92-3441386	501(C)(3)	34,281.	0.			FOR PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY
OPEN DOORS - CLEARFIELD 1360 EAST 1450 SOUTH CLEARFIELD, UT 84015	87-0421105	501(C)(3)	87,150.	0.			EMPOWER INDIVIDUALS & FAMILIES TO OVERCOME ABUSE & POVERTY, & TO ATTAIN SELF-RELIANCE
PARK CITY SCHOOL DISTRICT/ PARK CITY EDUCATION FOUNDATION - PO BOX 681422 - PARK CITY, UT 84068	87-6000509	501(C)(3)	32,500.	0.			VOCATIONAL TECHNICAL; RAISE CAPTIAL TO SUPPORT HIGH-IMPACT PROGRAMS THAT ADVANCE STUDENT
PEOPLE'S HEALTH CLINIC PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	8,300.	0.			HEALTH TREATMENT FACILITIES; HEALTH-GENERAL & REHAB;
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	65,000.	0.			THE YOUTH SPORTS NETWORK WILL SEEK TO ALIGN PARTNER ORGANIZATIONS WITH THE PROMISE
SALT LAKE CENTER FOR SCIENCE EDUCATION (ROSE PARK) - 1400 W. GOODWIN AVENUE - SALT LAKE CITY, UT 84116	74-2563849	501(C)(3)	200,000.	0.			EXPANDED EDUCATIONAL OPPORTUNITIES FOR YOUTH WHO ATTEND SLCSE (ROSE PARK) BY ENGAGING THE
SALT LAKE CITY SCHOOL DISTRICT/ SALT LAKE EDUCATION FOUNDATION - 465 S. 400 E. 3RD FLOOR - SALT LAKE CITY, UT 84111	74-2563849	501(C)(3)	64,000.	0.			ENCOURAGE, SUPPORT, AND REMOVE BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL
SALT LAKE COUNTY YOUTH SERVICES 177 W PRICE AVE SALT LAKE CITY, UT 84115	87-6000316	GOV'T	120,181.	0.			COLLECTIVE IMPACT

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
THE CHILDREN'S CENTER UTAH - SALT LAKE - 350 SOUTH 400 EAST - SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	30,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
THE ROAD HOME PO BOX 2788 SALT LAKE CITY, UT 84110	87-0212465	501(C)(3)	49,800.	0.			TEMPORARY SHELTER FOR THE HOMELESS; HUMAN SERVICE ORGANIZATIONS; OTHER HOUSING SUPPORT SERVICES
UNITED WAY OF NORTHERN UTAH 2955 HARRISON BLVD, STE 201 OGDEN, UT 84403	87-0224251	501(C)(3)	24,156.	0.			FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT; RAPID RESPONSE
UNIVERSITY OF UTAH READING CLINIC 5242 S COLLEGE DR STE 100 MURRAY, UT 84123	87-6000525	501(C)(3)	125,000.	0.			LITERACY-FOCUSED PROFESSIONAL DEVELOPMENT AND SUPPORT FOR TEACHERS; READING TUTORS
UTAH AFTERSCHOOL NETWORK 254 S 600 E, STE 200 SALT LAKE CITY, UT 84102	76-0820361	501(C)(3)	90,000.	0.			BUILDING STRONG, SAFE, AND HEALTHY AFTERSCHOOL/OUT-OF-SCHOOL TIME PROGRAMS
UTAH COMMUNITY ACTION 1307 S 900 W SALT LAKE CITY, UT 84104	87-0269683	501(C)(3)	398,105.	0.			HUMAN SERVICES ORGANIZATION; EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH);
UTAH HEALTH POLICY PROJECT 2369 WEST ORTON CIRCLE STE 20 WEST VALLEY CITY, UT 84119	87-0684606	501(C)(3)	70,000.	0.			ALLIANCE/ ADVOCACY ORGANIZATIONS; ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR
UTAH INDEPENDENT LIVING CENTER 3445 SOUTH MAIN STREET SALT LAKE CITY, UT 84115	87-0381510	501(C)(3)	17,408.	0.			RAPID RESPONSE TO ASSIST PEOPLE WITH DISABILITIES
UTAH PACIFIC ISLANDER CIVIC ENGAGEMENT COALITION - 390 EAST 6770 SOUTH - MIDVALE, UT 84047	81-3560782	501(C)(3)	38,500.	0.			RAPID RESPONSE TO ASSIST PEOPLE WITH DISABILITIES

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 AND SPECIFIC ASSISTANCE	79	161,849.	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:

UNITED WAY OF SALT LAKE (UWSL) MONITORS THE USE OF ALL GRANT FUNDS THROUGH
 PROGRAM AND FINANCIAL REPORTS SUBMITTED BY EACH PARTNER AT REGULAR
 INTERVALS. FINANCIAL REPORTS INCLUDE AUDITED FINANCIAL STATEMENTS, IRS
 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 IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 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:

BOY SCOUTS OF AMERICA - CROSSROADS OF THE WEST COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: PREPARE YOUNG PEOPLE TO MAKE ETHICAL

CHOICES OVER THEIR LIFETIME BY INSTILLING VALUES OF SCOUT OATH AND LAW

NAME OF ORGANIZATION OR GOVERNMENT: CANYONS SCHOOL DISTRICT

(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: CHRISTIAN CENTER OF PARK CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMAN SERVICES - MULTIPURPOSE - FOOD

BANKS, FOOD PANTRIES, THRIFT SHOPS - HUMANITARIAN CENTER/SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: 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: CURLY ME

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATING IN THE PROMISE

INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY BUILDING FOR

NASCENT, BIPOC LED COMMUNITY BASED ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: 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

NAME OF ORGANIZATION OR GOVERNMENT: 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:

INTERNATIONAL RESCUE COMMITTEE - SALT LAKE CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERNATIONAL RELIEF;INTERNATIONAL

DEVELOPMENT RELIEF SERVICES;INTERNATIONAL MIGRATION, REFUGEE ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE - SALT LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVES INDIVIDUALS FROM ALL

DENOMINATIONS THROUGH COUNSELING, CARE MANAGEMENT, & COMMUNITY EDUCATION;

SERVE DIVERSE POPULATION & TAILORED TO SPECIFIC NEEDS, CONCERNS, &

CIRCUMSTANCES; WORKS WITH TEENS & SENIORS, REFUGEES, & STUDENTS, FAMILIES

IN NEED OF COUNSELING, & FAMILIES INTERESTED IN VOLUNTEERING.

NAME OF ORGANIZATION OR GOVERNMENT: LATINOS IN ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER LATINO YOUTH THROUGH

Part IV Supplemental Information

CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE OF GRADUATING FROM COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: 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: MIDVALE COMMUNITY BUILDING COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR LOW-TO-MODERATE INCOME FAMILIES OF MIDVALE CITY & SURROUNDING AREAS

NAME OF ORGANIZATION OR GOVERNMENT: 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: NUANUA COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY BUILDING FOR NASCENT, BIPOC LED COMMUNITY-BASED ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: OPENCOLLECTIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY BUILDING FOR NASCENT, BIPOC LED COMMUNITY-BASED ORGANIZATIONS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PACIFIC ISLAND KNOWLEDGE 2 ACTION RESOURCES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RAPID RESPONSE FUNDS TO ASSIST IN

PACIFIC ISLANDER COMMUNITY & FISCAL SPONSOR FOR NUANUA COLLECTIVE FOR

PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM THAT PROVIDES

CAPABILITY AND CAPACITY BUILDING FOR NASCENT, BIPOC LED COMMUNITY-BASED

ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

PARK CITY SCHOOL DISTRICT/ PARK CITY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: VOCATIONAL TECHNICAL; RAISE CAPTIAL

TO SUPPORT HIGH-IMPACT PROGRAMS THAT ADVANCE STUDENT ACHIEVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: 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:

Part IV Supplemental Information

SALT LAKE CENTER FOR SCIENCE EDUCATION (ROSE PARK)

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDED EDUCATIONAL OPPORTUNITIES

FOR YOUTH WHO ATTEND SLCE (ROSE PARK) BY ENGAGING THE COMMUNITY,

BUILDING OUT A WELL-BEING ROOM AND EXPANDING EXPERIENTIAL LEARNING

NAME OF ORGANIZATION OR GOVERNMENT:

SALT LAKE CITY SCHOOL DISTRICT/ SALT LAKE EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENCOURAGE, SUPPORT, AND REMOVE

BARRIERS FOR STUDENTS APPLYING FOR COLLEGE AND/OR FEDERAL FINANCIAL AID.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF NORTHERN UTAH

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND RAISING AND/OR FUND

DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT; RAPID RESPONSE FUNDS

FOR OGDEN AND SURROUNDING AREAS

NAME OF ORGANIZATION OR GOVERNMENT: UTAH AFTERSCHOOL NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STRONG, SAFE, AND HEALTHY

AFTERSCHOOL/OUT- OF-SCHOOL TIME PROGRAMS TO SUPPORT YOUTH, FAMILIES, AND

COMMUNITIES. UAN HAS THREE MAIN OBJECTIVES. FIRST, TO CREATE A

SUSTAINABLE STRUCTURE OF STATEWIDE, REGIONAL, AND LOCAL PARTNERSHIPS.

PARTICULARLY SCHOOL-COMMUNITY PARTNERSHIPS, FOCUSED ON SUPPORTING POLICY

DEVELOPMENT AT ALL LEVELS. SECOND, TO SUPPORT THE DEVELOPMENT AND GROWTH

OF STATEWIDE POLICIES THAT WILL SECURE THE RESOURCES THAT ARE NEEDED TO

SUSTAIN NEW AND EXISTING SCHOOL LINKED/SCHOOL-BASED AFTERSCHOOL PROGRAMS.

THIRD, TO SUPPORT STATEWIDE SYSTEMS TO ENSURE PROGRAMS ARE OF HIGH

QUALITY

NAME OF ORGANIZATION OR GOVERNMENT: UTAH COMMUNITY ACTION

Part IV Supplemental Information

(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: 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:

UTAH PARTNERS FOR HEALTH - MID-VALLEY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY HEALTH SYSTEMS; HEALTH

(GENERAL AND FINANCING); AMBULATORY HEALTH CENTER, COMMUNITY CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: 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: VOICES FOR UTAH CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLIANCE/ADVOCACY ORGANIZATIONS;

HUMAN SERVICES - MULTIPURPOSE, OTHER YOUTH DEVELOPMENT & FISCAL SPONSOR

FOR 1999 COLLECTIVE FOR PARTICIPATING IN THE PROMISE INCUBATOR, A PROGRAM

THAT PROVIDES CAPABILITY AND CAPACITY BUILDING FOR NASCENT, BIPOC LED

COMMUNITY-BASED ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

HARTLAND COMMUNITY 4 YOUTH AND FAMILIES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATING IN THE PROMISE

INCUBATOR, A PROGRAM THAT PROVIDES CAPABILITY AND CAPACITY BUILDING FOR

NASCENT, BIPOC LED COMMUNITY-BASED ORGANIZATIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **UNITED WAY OF GREATER SALT LAKE**
DBA UNITED WAY OF 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)?

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BILL CRIM PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	216,883.	0.	0.	12,997.	746.	230,626.	0.
(2) PETER MOES CHIEF DEVELOPMENT OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	141,386.	0.	0.	8,301.	15,657.	165,344.	0.
(3) ANGELA MATTHES CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	145,980.	0.	0.	8,732.	883.	155,595.	0.
(4) CHRISTINA-MAI JUST CHIEF EQUITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	126,947.	0.	0.	7,907.	16,347.	151,201.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER SALT LAKE**
DBA UNITED WAY OF 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	X	6	20,060.	
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	133	90,001.	
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 in 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) 2023

Part II

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

SCHEDULE M, LINE 32B:

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

BROKERAGE FIRM.

**SCHEDULE O
(Form 990)**

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number	93-2854627
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDED AGENCIES TO BETTER ADVOCATE AND INFORM THE WAY RESOURCES AND
SUPPORT SYSTEMS ARE DELIVERED TO UTAHNS.

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

PROVIES ACCESS TO IMPORTANT BASIC NEEDS DATA AND COLLABORATES WITH
PARTNERS ON SOLUTIONS.

FORM 990, PART VI, SECTION A, LINE 3:

UNITED WAY OF GREATER SALT LAKE HAS NO EMPLOYEES. THE ORGANIZATION HAS AN
ADMINISTRATIVE SERVICES AGREEMENT WITH ITS RELATED ENTITY, UTAH'S PROMISE,
TO PROVIDE MANAGEMENT AND ADMINISTRATIVES 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number	93-2854627
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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 EONTRACTS 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 AND 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

Name of the organization UNITED WAY OF GREATER SALT LAKE DBA UNITED WAY OF SALT LAKE	Employer identification number 93-2854627
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BOARD AND SETS THE COMPENSATION FOR THE SENIOR MANAGEMENT TEAM. UWSL USES
 PAYSACLE 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
 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.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 02/11/2025 16:45:15 FORM 990	