

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF SALT LAKE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 257 EAST 200 SOUTH 300 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84111 <b>F</b> Name and address of principal officer: BILL CRIM 257 E 200 SOUTH, STE 300, SALT LAKE CITY, UT	<b>D</b> Employer identification number 87-0227091  <b>E</b> Telephone number 801-736-8929  <b>G</b> Gross receipts \$ 16,809,073. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.UW.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1904
		<b>M</b> State of legal domicile: UT

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>WE BUILD POWERFUL PARTNERSHIPS THAT ACHIEVE LASTING SOCIAL CHANGE.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	54	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	53	
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	117	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	6964	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	63,104.	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		14,632,175.	13,413,184.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		39,490.	68,971.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		341,628.	277,683.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		140,388.	-281,800.	
		15,153,681.	13,478,038.	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	5,779,690.	6,452,878.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	6,101,840.	6,407,360.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,308,340.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	2,025,005.	2,353,018.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	13,906,535.	15,213,256.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,247,146.	-1,735,218.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year	
	<b>21</b> Total liabilities (Part X, line 26) .....	27,975,400.	23,305,327.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	7,937,786.	6,785,710.	
		20,037,614.	16,519,617.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JAY FRANCIS, BOARD CHAIR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature AMY A. O'LOUGHLIN
	Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 19 EAST 200 SOUTH, STE 1000 SALT LAKE CITY, UT 84111	Date Check if self-employed <input type="checkbox"/> PTIN P00869687 Firm's EIN ▶ 34-1878512 Phone no. 801-364-9300

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,164,442. including grants of \$ 3,634,646. ) (Revenue \$ 0. ) UNITED WAY OF SALT LAKE (UWSL) DEVELOPS COMPREHENSIVE, CROSS-SECTOR PARTNERSHIPS THAT WORK TOGETHER TO ACHIEVE POPULATION-LEVEL RESULTS (IN ADDITION TO INDIVIDUAL/PROGRAM-LEVEL RESULTS) IN THE AREAS OF EDUCATION, HEALTH AND FINANCIAL STABILITY AS THE PRIMARY DRIVERS OF ECONOMIC MOBILITY. THESE "PROMISE PARTNERSHIPS" BUILD CRADLE-TO-CAREER INFRASTRUCTURE AND FOCUS THEIR EFFORTS IN NEIGHBORHOODS, COMMUNITIES, AND POPULATIONS WHERE THE NEEDS ARE GREATEST AND WHERE KEY PARTNERS ARE WILLING TO WORK TOGETHER. THE STRATEGIES, PROGRAMS, AND SERVICES IMPLEMENTED BY THESE PARTNERSHIPS (INVOLVING HUNDREDS OF COMMUNITY PARTNERS, SCHOOLS AND BUSINESSES) HAPPEN THROUGH REGIONAL AND COMMUNITY-FOCUSED "COLLABORATIVE ACTION NETWORKS," AND THROUGH "COMMUNITY SCHOOLS" OR NEIGHBORHOOD CENTERS THAT FUNCTION AS HUBS OF

4b (Code: ) (Expenses \$ 1,000,824. including grants of \$ 1,000,000. ) (Revenue \$ 0. ) UNITED WAY SUPPORTS PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH AND SAFETY. BASIC NEEDS SERVICES ARE VITAL TO INDIVIDUALS WITH CHRONIC CONDITIONS AND FOR INDIVIDUALS AND FAMILIES IN CRISIS NEEDING TEMPORARY SUPPORT. WHEN INDIVIDUALS ARE UNABLE TO MEET THEIR IMMEDIATE NEEDS, IT BECOMES MORE DIFFICULT TO FOCUS ON LONG-TERM GOALS SUCH AS EMPLOYMENT, HOUSING, OR EDUCATION. BASIC NEEDS SERVICES ARE CRITICAL TO GETTING PEOPLE BACK ON THEIR FEET AND ON THE ROAD TO SELF-SUFFICIENCY.

4c (Code: ) (Expenses \$ 1,631,691. including grants of \$ ) (Revenue \$ 68,971. ) 2-1-1 WAS ADOPTED IN UTAH IN 2002 AND BECAME A STATEWIDE RESOURCE IN 2005, ACQUIRED BY UNITED WAY OF SALT LAKE IN 2011, AND BORN OUT OF THE NEED FOR AN EASY-TO-REMEMBER TELEPHONE NUMBER THAT COULD REDUCE DUPLICATION AND HELP PEOPLE NAVIGATE UTAH'S HEALTH AND HUMAN SERVICE RESOURCES. A VITAL RESOURCE TO CONNECT PEOPLE TO HEALTH AND HUMAN SERVICES AND TO HELP SERVICE PROVIDERS AND POLICYMAKERS UNDERSTAND AND WORK TO ADDRESS THEIR CONSTITUENTS' NEEDS THROUGHOUT THE STATE OF UTAH, WE FOCUS ON PEOPLE WHO NEED HELP, PEOPLE WHO HELP PEOPLE WHO NEED HELP, AND PEOPLE WHO MAKE POLICY AND GIVE FUNDING FOR SERVICES USED BY PEOPLE WHO NEED HELP. 2-1-1 IS AVAILABLE 24/7, 365 DAYS A YEAR VIA PHONE, TEXT, CHAT, WEB, APP, EMAIL, AND SOCIAL MEDIA. IT IS FREE AND CONFIDENTIAL AND AVAILABLE VIA PHONE IN 200 LANGUAGES AND VIA TEXT IN

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,818,232. including grants of \$ 1,818,232. ) (Revenue \$ )

4e Total program service expenses 11,615,189.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

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, Yes, No. Rows 1a-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 response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (54); 1b Enter the number of voting members included in line 1a, above, who are independent (53); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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? (X); 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? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 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? (X); 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 [UT]
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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [LYNN SIMS - 801-746-2588, 257 EAST 200 SOUTH, SUITE 300, SALT LAKE CITY, UT 84111]

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX GUZMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(2) ART TURNER BOARD MEMBER	1.00	X					0.	0.	0.	
(3) BENJAMIN M. MCADAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(4) BILL CRIM PRESIDENT & CEO	50.00	X		X			190,137.	0.	14,482.	
(5) BRYAN J THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
(6) CATHERINE F. ANGSTMAN INVESTMENT CO-CHAIR	1.00	X					0.	0.	0.	
(7) CHRIS R. CHRISTIANSEN 2-1-1 STEERING COUNCIL CHAIR	1.00	X					0.	0.	0.	
(8) COLLEEN LARKIN BELL GOVERNANCE CHAIR	1.00	X					0.	0.	0.	
(9) CRISTINA ORTEGA BOARD MEMBER	1.00	X					0.	0.	0.	
(10) CRYSTAL C. LOW BOARD MEMBER	1.00	X					0.	0.	0.	
(11) E.R. ZEKE DUMKE III BOARD MEMBER	1.00	X					0.	0.	0.	
(12) H. DAVID BURTON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) HEIDI WALKER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JACKIE BISKUPSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JANE A. MARQUARDT CI COUNCIL CO-CHAIR	1.00	X					0.	0.	0.	
(16) JAY K. FRANCIS BOARD CHAIR	1.00	X		X			0.	0.	0.	
(17) JEFFREY K. LARSEN AUDIT CHAIR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER C. DANIELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JOELLE STEWARD BOARD MEMBER	1.00	X					0.	0.	0.	
(20) JOHN W. MILLIKEN CI COUNCIL CO-CHAIR	1.00	X					0.	0.	0.	
(21) JORGE A FIERRO BOARD MEMBER	1.00	X					0.	0.	0.	
(22) JOSE ENRIQUEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(23) KAREN KWAN BOARD MEMBER	1.00	X					0.	0.	0.	
(24) KATHIE MILLER MAJOR GIFTS CHAIR	1.00	X					0.	0.	0.	
(25) KEVIN J. POTTS ADMIN FINANCE CO-CHAIR	1.00	X					0.	0.	0.	
(26) KIEU FRISBY BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							190,137.	0.	14,482.	
<b>c Total from continuation sheets to Part VII, Section A</b>							369,850.	0.	43,130.	
<b>d Total (add lines 1b and 1c)</b>							559,987.	0.	57,612.	

**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 4

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KIRK AUBRY PPRC CHAIR	1.00	X						0.	0.	0.
(28) KRIS J. MECHAM BOARD MEMBER	1.00	X						0.	0.	0.
(29) LAUREN CALL BOARD MEMBER	1.00	X						0.	0.	0.
(30) MARK H. BOUCHARD INVESTMENT CO-CHAIR	1.00	X						0.	0.	0.
(31) MARK LUCAS ADMIN FINANCE CO-CHAIR	1.00	X						0.	0.	0.
(32) MATT GNAU BOARD MEMBER	1.00	X						0.	0.	0.
(33) MATT LYON BOARD MEMBER	1.00	X						0.	0.	0.
(34) MICHAEL ANGLIN BOARD MEMBER	1.00	X						0.	0.	0.
(35) MICHAEL D. RASMUSON BOARD MEMBER	1.00	X						0.	0.	0.
(36) MICHAEL KIRBY BOARD MEMBER	1.00	X						0.	0.	0.
(37) MICHAEL P. PETROGEORGE BOARD MEMBER	1.00	X						0.	0.	0.
(38) MIKELLE MOORE VICE CHAIR	1.00	X		X				0.	0.	0.
(39) NATHAN BOYER BOARD MEMBER	1.00	X						0.	0.	0.
(40) PATRICIA WARNKEN BOARD MEMBER	1.00	X						0.	0.	0.
(41) PAULA GREEN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(42) REBECCA CHAVEZ-HOUCK PUBLIC POLICY CHAIR	1.00	X						0.	0.	0.
(43) ROBERT CARPENTER BOARD MEMBER	1.00	X						0.	0.	0.
(44) RUTH WATKINS BOARD MEMBER	1.00	X						0.	0.	0.
(45) SCARLETT FOSTER-MOSS BOARD MEMBER	1.00	X						0.	0.	0.
(46) SCOTT C. ULBRICH CORPORATE SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	411,426.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,719,350.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,282,408.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		368,674.				
	<b>h Total.</b> Add lines 1a-1f		13,413,184.				
Program Service Revenue	<b>2 a</b> PROGRAM REVENUE	<b>Business Code</b>					
		900099	68,971.	68,971.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		68,971.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		278,487.			278,487.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,934,261.					
		<b>b</b> Less: cost or other basis and sales expenses		2,935,065.			
		<b>c</b> Gain or (loss)		-804.			
	<b>d</b> Net gain or (loss)			-804.		-804.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 411,426. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	72,988.				
		<b>b</b> Less: direct expenses		395,970.			
<b>c</b> Net income or (loss) from fundraising events				-322,982.		-322,982.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE	900099	41,182.			41,182.		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		41,182.					
<b>12 Total revenue.</b> See instructions		13,478,038.	68,971.	0.	-4,117.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,452,878.	6,452,878.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	347,844.		347,844.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,962,347.	3,224,359.	402,229.	1,335,759.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,991.	152,402.	35,453.	63,136.
<b>9</b> Other employee benefits .....	473,039.	287,231.	66,817.	118,991.
<b>10</b> Payroll taxes .....	373,139.	226,571.	52,706.	93,862.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,448.	2,448.		
<b>c</b> Accounting .....	39,624.		39,624.	
<b>d</b> Lobbying .....	24,611.		24,611.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	63,991.		63,991.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	429,233.	309,143.	2,467.	117,623.
<b>12</b> Advertising and promotion .....	268,482.	177,312.	81.	91,089.
<b>13</b> Office expenses .....	191,355.	95,870.	35,667.	59,818.
<b>14</b> Information technology .....	508,437.	246,129.	79,670.	182,638.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	316,295.	178,254.	59,179.	78,862.
<b>17</b> Travel .....	25,599.	19,586.	3,492.	2,521.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	154,308.	93,091.	27,576.	33,641.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	133,009.	75,605.	20,348.	37,056.
<b>22</b> Depreciation, depletion, and amortization .....	81,615.	47,764.	10,431.	23,420.
<b>23</b> Insurance .....	38,930.	20,460.	7,699.	10,771.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATED GOODS	54,812.			54,812.
<b>b</b> MEMBERSHIPS & SUBSCRIPT	11,185.	2,303.	6,012.	2,870.
<b>c</b> AWARDS & GIFTS	9,084.	3,783.	3,830.	1,471.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,213,256.	11,615,189.	1,289,727.	2,308,340.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	6,767,014.	<b>2</b>	3,513,746.
	<b>3</b> Pledges and grants receivable, net .....	10,897,309.	<b>3</b>	9,056,717.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	160,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	105,312.	<b>9</b>	40,400.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 744,457.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 552,282.	180,282.	<b>10c</b> 192,175.
	<b>11</b> Investments - publicly traded securities .....	4,772,710.	<b>11</b>	5,982,433.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	400,000.	<b>13</b>	0.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,852,773.	<b>15</b>	4,359,856.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	27,975,400.	<b>16</b>	23,305,327.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	727,544.	<b>17</b>	807,346.
	<b>18</b> Grants payable .....	1,657,141.	<b>18</b>	1,559,356.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,386,571.	<b>23</b>	4,288,718.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	166,530.	<b>25</b>	130,290.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,937,786.	<b>26</b>	6,785,710.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	12,274,877.	<b>27</b>	8,982,820.
	<b>28</b> Temporarily restricted net assets .....	7,660,767.	<b>28</b>	7,470,134.
	<b>29</b> Permanently restricted net assets .....	101,970.	<b>29</b>	66,663.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	20,037,614.	<b>33</b>	16,519,617.	
<b>34</b> Total liabilities and net assets/fund balances .....	27,975,400.	<b>34</b>	23,305,327.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,478,038.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,213,256.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,735,218.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	20,037,614.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	203,919.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,986,698.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,519,617.

**Part XII Financial Statements and Reporting**

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

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

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



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17,051,278.	12,144,781.	12,735,870.	15,055,973.	13,416,125.	70,404,027.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17,051,278.	12,144,781.	12,735,870.	15,055,973.	13,416,125.	70,404,027.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7,538,545.
<b>6 Public support.</b> Subtract line 5 from line 4.						62,865,482.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	17,051,278.	12,144,781.	12,735,870.	15,055,973.	13,416,125.	70,404,027.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	179,299.	181,762.	174,976.	181,471.	278,487.	995,995.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						71,400,022.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	569,967.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.05 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	92.42 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			





# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 627,831.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 349,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 961,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**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](http://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 <p style="text-align: center;">UNITED WAY OF SALT LAKE</p>	Employer identification number <p style="text-align: center;">87-0227091</p>
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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-.

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	17,532.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	7,078.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	24,610.													
<b>d</b>	Other exempt purpose expenditures	15,188,645.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	15,213,255.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	910,663.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	227,666.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	912,412.	1,000,000.	863,477.	910,663.	3,686,552.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					5,529,828.
<b>c</b>	Total lobbying expenditures	67,135.	37,785.	23,455.	24,610.	152,985.
<b>d</b>	Grassroots nontaxable amount	228,103.	250,000.	215,869.	227,666.	921,638.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					1,382,457.
<b>f</b>	Grassroots lobbying expenditures	28,335.	27,782.	13,867.	17,532.	87,516.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for lines 2a-2d, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including checkboxes and dollar amount fields.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,577,186.	1,483,195.	1,353,095.	1,323,264.	1,302,531.
b Contributions					
c Net investment earnings, gains, and losses	78,111.	108,395.	144,018.	29,831.	20,733.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	14,411.	14,404.	13,918.		
g End of year balance	1,640,886.	1,577,186.	1,483,195.	1,353,095.	1,323,264.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  72.15 %
  - b Permanent endowment  3.06 %
  - c Temporarily restricted endowment  24.79 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		154,033.	93,115.	60,918.
d Equipment		590,424.	459,167.	131,257.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				192,175.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIARY INTEREST IN TRUSTS	16,663.
(2) OTHER RECEIVABLES	243,648.
(3) SIB HB96 RECEIVABLE - STATE OF UTAH	4,081,010.
(4) LEASE DEPOSIT	18,535.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,359,856.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE PAYOFF PAYABLE	130,290.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	130,290.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,272,439.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	203,919.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	76,735.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	395,970.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	676,624.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,595,815.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	63,991.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,818,232.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,882,223.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,478,038.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,790,436.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	76,735.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,382,668.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,459,403.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,331,033.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	63,991.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,818,232.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,882,223.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,213,256.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

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

PART X, LINE 2:

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

**Part XIII** Supplemental Information (continued)

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

UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 395,970.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 1,818,232.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE 395,970.

PROVISION FOR UNCOLLECTIBLE PLEDGES 1,986,698.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,382,668.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 1,818,232.



**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))
		LOW EVENTS (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	484,414.			484,414.
	<b>2</b> Less: Contributions .....	411,426.			411,426.
	<b>3</b> Gross income (line 1 minus line 2) .....	72,988.			72,988.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	395,970.			395,970.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				395,970.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-322,982.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AAA FAIR CREDIT FOUNDATION 230 WEST 200 S #3104 SALT LAKE CITY, UT 84101	84-1411225	501(C)(3)	25,000.	0.			FINANCIAL COUNSELING, MONEY MANAGEMENT
ABILITY FOUNDATION 2324 SOUTH 2700 WEST WEST VALLEY CITY, UT 84119	87-0504354	501(C)(3)	5,000.	0.			HUMAN SERVICES - MULTIPURPOSE
ALLIANCE HOUSE 1724 S MAIN STREET SALT LAKE CITY, UT 84115	74-2440617	501(C)(3)	10,000.	0.			MENTAL HEALTH TREATMENT
ASIAN ASSOCIATION OF UTAH 1588 S MAJOR STREET SALT LAKE CITY, UT 84115	87-0333555	501(C)(3)	50,000.	0.			ETHNIC/IMMIGRANT SERVICES
BIG BROTHERS BIG SISTERS 151 EAST 5600 SOUTH, STE 200 SALT LAKE CITY, UT 84107	87-0336168	501(C)(3)	190,000.	0.			PROVIDE CHILDREN FACING ADVERSITY W/STRONG & ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1
BOUNTIFUL COMMUNITY FOOD PANTRY 480 EAST 150 NORTH BOUNTIFUL, UT 84010	84-1628459	501(C)(3)	20,000.	0.			EDUCATIONAL SERVICES AND SCHOOLS - OTHER - BASIC NEEDS-FOOD PANTRY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 81.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) (2018)**



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA, GREAT SALT LAKE COUNCIL - 525 FOOTHILL DR - SALT LAKE CITY, UT 84113	87-0212460	501(C)(3)	88,170.	0.			PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME BY INSTILLING VALUES OF
BOYS AND GIRLS CLUB PO BOX 57071 MURRAY, UT 84157	87-0304654	501(C)(3)	60,000.	0.			AFTER-SCHOOL PROGRAMS, PROVIDE SAFE PLACES FOR KIDS TO GO DURING UNSUPERVISED HOURS;
CANYONS SCHOOL DISTRICT 9361 SOUTH 300 EAST SANDY, UT 84070	45-2603900	GOV'T	15,000.	0.			WORKS IN TANDEM W/COMMUNITY & BUSINESS PARTNERS TO BUILD SUPPORT FOR PUBLIC SCHOOLS& TO
CATHOLIC COMMUNITY SERVICES 745 EAST 300 SOUTH SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	60,000.	0.			HUMAN SERVICES - MULTIPURPOSE
CHILDREN'S SERVICE SOCIETY 655 EAST 4500 SOUTH, STE 200 SALT LAKE CITY, UT 84107	87-0212451	501(C)(3)	10,000.	0.			PROVIDES SERVICES TO FAMILIES, INDIVIDUALS, & COMMUNITY TO ENHANCE SAFETY & WELL-BEING OF
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	10,000.	0.			HUMAN SERVICES - MULTIPURPOSE - FOOD BANKS, FOOD PANTRIES, THRIFT SHOPS -
CITY OF SOUTH SALT LAKE 220 E MORRIS AVE SOUTH SALT LAKE CITY, UT 84115		GOV'T	262,179.	0.			PROMISE SOUTH SALT LAKE
COMMUNITY ACTION PARTNERSHIP OF UTAH - 230 SOUTH 500 WEST, STE 260 - SALT LAKE CITY, UT 84101	87-0509521	501(C)(3)	50,000.	0.			CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS, MANAGEMENT & TECHNICAL ASSISTANCE, FINANCIAL
COMMUNITY EDUCATION PARTNERSHIP 3600 S CONSTITUTION BLVD WEST VALLEY CITY, UT 84119	03-0543136	501(C)(3)	47,180.	0.			CHILDREN'S & YOUTH SERVICES - AFTERSCHOOL PROGRAMS; COMMUNITY EVENTS FOR WEST VALLEY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY NURSING SERVICES 6949 HIGH TECH DR MIDVALE, UT 84047	87-0212459	501(C)(3)	85,000.	0.			HOME HEALTH CARE
COMUNIDADES UNIDAS 1341 S STATE ST, SUITE 211 SALT LAKE CITY, UT 84115	13-4257724	501(C)(3)	25,000.	0.			HUMAN SERVICES ORGANIZATION-ELIMINATE ETHNIC DISPARITIES BY PROMOTING GRASSROOTS
DAVIS BEHAVIORAL HEALTH 934 S MAIN ST #6 LAYTON, UT 84041	87-0430116	501(C)(3)	52,500.	0.			ALCOHOL, DRUG ABUSE TREATMENT; MENTAL HEALTH TREATMENT
DAVIS SCHOOL DISTRICT 490 SOUTH 500 EAST KAYSVILLE, UT 84037	87-0386379	GOV'T	138,336.	0.			COLLECTIVE IMPACT, EITC PROGRAM & BASIC NEEDS
DCCAV-SAFE HARBOR SHELTER AND CRISIS CENTER - PO BOX 772 - KAYSVILLE, UT 84037	87-0516562	501(C)(3)	70,000.	0.			FAMILY VIOLENCE SHELTER AND SERVICES; VICTIMS' SERVICES; CHILDREN AND YOUTH SERVICES;
ENGLISH SKILLS LEARNING CENTER 631 W NORTH TEMPLE SUITE 70 SALT LAKE CITY, UT 84116	87-0467902	501(C)(3)	50,000.	0.			ADULT, CONTINUING EDUCATION; TRAINING & SUPERVISING VOLUNTEERS WHO TEACH ESL TO ADULT
FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	20,000.	0.			PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE
FIRST STEP HOUSE 750 WEST 400 NORTH SALT LAKE CITY, UT 84116	87-0290963	501(C)(3)	10,000.	0.			SUBSTANCE ABUSE DISORDER TREATMENT AND HOUSING
FOURTH STREET CLINIC-WASATCH HOMELESS HEALTH - 409 WEST 400 SOUTH - SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	45,000.	0.			AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; MENTAL HEALTH CRISIS INTERVENTION; PRIMARY

Schedule I (Form 990)

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GRANITE SCHOOL DISTRICT 2500 S STATE ST SALT LAKE CITY, UT 84115	87-6000494	GOV'T	124,714.	0.			EDUCATIONAL SERVICES AND SCHOOLS - OTHER; HELP PREPARE GRANITE SCHOOL STUDENTS WITH
GUADALUPE CENTER EDUCATIONAL PROGRAM, INC. - 1385 NORTH 1200 WEST - SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	185,182.	0.			HELPS SERVE THE EDUCATIONAL NEEDS OF DISADVANTAGED CHILDREN & ADULT IMMIGRANTS &
HOLY CROSS MINISTRIES 860 EAST 4500 SOUTH, STE 204 SALT LAKE CITY, UT 84107	87-0359324	501(C)(3)	20,503.	0.			RESPONDS TO UNDERSERVED COMMUNITY'S NEED FOR HEALTH AND WELL-BEING. CONNECTS PEOPLE TO
HOUSE OF HOPE 857 EAST 200 SOUTH SALT LAKE CITY, UT 84102	87-0255206	501(C)(3)	5,000.	0.			ALCOHOL, DRUG ABUSE TREATMENT; ADDICTION RECOVERY & BEHAVIORAL HEALTH SERVICES
INTERNATIONAL RESCUE COMMITTEE 1800 S WEST TEMPLE, SUITE 421 SALT LAKE CITY, UT 84115	13-5660870	501(C)(3)	75,000.	0.			INTERNATIONAL RELIEF; INTERNATIONAL DEVELOPMENT RELIEF SERVICES; INTERNATIONAL
JEWISH FAMILY SERVICE 1111 BRICKYARD RD #218 SALT LAKE CITY, UT 84106	87-0227089	501(C)(3)	10,000.	0.			SERVES INDIVIDUALS FROM ALL DENOMINATIONS THROUGH COUNSELING, CARE MANAGEMENT, & COMMUNITY
JUNIOR ACHIEVEMENT 515 EAST 100 SOUTH, #200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	40,000.	0.			EDUCATIONAL SERVICES & SCHOOLS - OTHER; EDUCATION, BUSINESS, ENTERPRISE
KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	87-6125177	501(C)(3)	5,000.	0.			DEVELOPMENTALLY DISABLED SERVICES/CENTERS; HEALTH - GENERAL & REHAB; YOUTH DEVELOPMENT PROGRAMS
LATINOS IN ACTION 688 E UNION SQUARE SANDY, UT 84070	26-4304427	501(C)(3)	107,706.	0.			EMPOWER LATINO YOUTH THROUGH CULTURE, SERVICE, LEADERSHIP, AND EXCELLENT EDUCATION W/SOLE PURPOSE

Schedule I (Form 990)

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

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LEGAL AID SOCIETY OF SALT LAKE 205 NORTH 400 WEST SALT LAKE CITY, UT 84111	87-0212457	501(C)(3)	65,000.	0.			LEGAL SERVICES; PROTECTION AGAINST & PREVENTION OF NEGLECT, ABUSE, EXPLOITATION;
MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84103	20-2313461	501(C)(3)	20,000.	0.			AMBULATORY HEALTH CENTER, COMMUNITY CLINIC; PROVIDES FREE MEDICAL SERVICES FOR UNINSURED
MIDTOWN HEALTH CLINIC 2240 ADAMS AVE OGDEN, UT 84401	87-0540039	501(C)(3)	25,000.	0.			HEALTH SERVICES TO UNDERSERVED COMMUNITIES WITH LIMITED ACCESS TO HEALTHCARE
MIDVALE CITY-MIDVALE COMMUNITY BUILDING - 49 W CENTER ST - MIDVALE, UT 84047	46-0548747	501(C)(3)	10,000.	0.			PROMOTE EDUCATION, LITERACY, WELLNESS, FINANCIAL AWARENESS, & OTHER SIMILAR ISSUES FOR
MOUNTAINLANDS COMMUNITY HOUSING TRUST - 1960 SIDEWINDER DR - PARK CITY, UT 84060	87-0514438	501(C)(3)	5,000.	0.			ADDRESS THE DUAL PROBLEMS OF HOUSING AFFORDABILITY & AVAILABILITY ON ACQUISITION & NEW
NATIONAL ALLIANCE ON MENTAL ILLNESS UTAH - 450 SOUTH 900 EAST, STE 160 - SALT LAKE CITY, UT 84102	87-0432972	501(C)(3)	20,000.	0.			MENTAL HEALTH ASSOCIATION - MULTIPURPOSE
NEIGHBORHOOD HOUSE ASSOCIATION 1050 WEST 500 SOUTH SALT LAKE CITY, UT 84104	87-0212462	501(C)(3)	60,000.	0.			CHILD DAY CARE; QUALITY/AFFORDABLE DAY CARE & SUPPORT SERVICES TO LOW-INCOME CHILDREN &
ODYSSEY HOUSE 344 EAST 100 SOUTH SALT LAKE CITY, UT 84111	87-0292487	501(C)(3)	45,000.	0.			ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTION & TREATMENT
OPEN DOORS - FORMERLY FAMILY CONNECTION CENTER - 1360 EAST 1450 SOUTH - CLEARFIELD, UT 84015	87-0421105	501(C)(3)	105,000.	0.			EMPOWER INDIVIDUALS & FAMILIES TO OVERCOME ABUSE & POVERTY, & TO ATTAIN SELF-RELIANCE

Schedule I (Form 990)

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

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PARK CITY EDUCATION FOUNDATION PO BOX 681422 PARK CITY, UT 84068	74-2552454	501(C)(3)	160,355.	0.			VOCATIONAL TECHNICAL; RAISE CAPTIAL TO SUPPORT HIGH-IMPACT PROGRAMS THAT ADVANCE STUDENT
PEACE HOUSE PO BOX 682141 PARK CITY, UT 84068	87-0500067	501(C)(3)	10,000.	0.			VICTIMS' SERVICES; HOT LINE, CRISIS INTERVENTION; OTHER HOUSING SUPPORT SERVICES
PEOPLE'S HEALTH CLINIC PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	25,000.	0.			HEALTH TREATMENT FACILITIES; HEALTH-GENERAL & REHAB
POLIZZI FOUNDATION 515 EAST 4500 SOUTH, STE G220 SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	5,000.	0.			PROVIDES NO-COST, COMMUNITY-BASED PSYCHIATRIC CARE TO LOW-INCOME, UNINSURED
RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0308785	501(C)(3)	10,000.	0.			RAPE VICTIM SERVICES; COUNSELING SUPPORT GROUPS; VICTIMS' SERVICES
SALT LAKE COUNTY YOUTH SERVICES 177 W PRICE AVE SALT LAKE CITY, UT 84115		GOV'T	165,602.	0.			COLLECTIVE IMPACT
SOUTH VALLEY SERVICES FORMELY SOUTH VALLEY SANCTUARY - PO BOX 1028 - WEST JORDAN, UT 84084	87-0543219	501(C)(3)	5,000.	0.			FAMILY VIOLENCE SHELTERS & SERVICES
THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	75,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)
THE HAVEN 974 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	23-7043339	501(C)(3)	10,000.	0.			ALCOHOL, DRUG, & SUBSTANCE ABUSE, DEPENDENCY PREVENTTION & TREATMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INN BETWEEN 1216 EAST 1300 SOUTH SALT LAKE CITY, UT 84105	47-2329595	501(C)(3)	5,000.	0.			PROVIDES A SAFE HAVEN FOR THOSE WHO HAVE NOWHERE TO LIVE IN TIME OF MEDICAL CRISIS;ENSURES BASIC
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 84068	30-0171971		25,000.	0.			CREATE AN ENDURING PHILANTHROPIC COMMUNITY FOR ALL THE PEOPLE OF PARK CITY
THE ROAD HOME 210 S RIO GRANDE ST. SALT LAKE CITY, UT 84101	87-0212465	501(C)(3)	95,000.	0.			TEMPORARY SHELTER FOR THE HOMELESS; HUMAN SERVICE ORGANIZATIONS; OTHER HOUSING SUPPORT SERVICES
THE SHARING PLACE 1695 EAST 3300 SOUTH SALT LAKE CITY, UT 84106	87-0514353	501(C)(3)	5,000.	0.			PROVIDING A SAFE & CARING ENVIRONMENT WHERE CHILDREN, TEENS & THEIR FAMILIES WHO ARE GRIEVING
TURN COMMUNITY SERVICES, INC. 638 WILMINGTON AVE SALT LAKE CITY, UT 84106	87-0303448	501(C)(3)	10,000.	0.			DEVELOPMENTALLY DISABLED SERVICES/CENTERS; OTHER HOUSING SUPPORT SERVICES
UNITED WAY OF UTAH COUNTY 148 NORTH 100 WEST PROVO, UT 84601	94-2851681	501(C)(3)	44,000.	0.			FUND RAISING AND/OR FUND DISTRIBUTION; COMMUNITY SERVICES, COMMUNITY IMPACT
UNIVERSITY OF UTAH READING CLINIC 5242 COLLEGE DR SALT LAKE CITY, UT 84123	87-6000525	GOV'T	100,000.	0.			PROGRAM ASSISTANCE
UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY, UT 84105	87-0455172	501(C)(3)	5,000.	0.			HEALTH; EMPOWER MEMBERS OF THE COMMUNITY TO PROTECT THEIR HEALTH AND PROVIDE LEADERSHIP IN HIV
UTAH COMMUNITY ACTION 1307 SOUTH 900 WEST SALT LAKE CITY, UT 84102	87-0269683	501(C)(3)	300,000.	0.			HUMAN SERVICES ORGANIZATION; EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH);

Schedule I (Form 990)

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

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UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	45,000.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH); FOOD BANKS/PANTRIES; PUBLIC, SOCIETY
UTAH HEALTH AND HUMAN RIGHTS PROJECT - 225 SOUTH 200 EAST, STE 250 - SALT LAKE CITY, UT 84111	20-3901845	501(C)(3)	10,000.	0.			CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS; HELP SURVIVORS OF TORTURE LIVING IN UT HEAL FROM
UTAH HEALTH POLICY PROJECT 508 E SOUTH TEMPLE, STE 45 SALT LAKE CITY, UT 84102	87-0684606	501(C)(3)	90,000.	0.			ALLIANCE/ ADVOCACY ORGANIZATIONS; ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR
UTAH LEGAL SERVICES 205 NORTH 400 WEST SALT LAKE CITY, UT 84103	87-0298910	501(C)(3)	45,000.	0.			LEGAL SERVICES; PROTECT THE RIGHTS OF THE DISADVANTAGED & PERSONS OF LIMITED MEANS BY LEGAL
UTAH OFFICE OF GUARDIAN AD LITEM/CASA - 450 S STATE ST - SALT LAKE CITY, UT 84114		GOV'T	5,000.	0.			PUBLIC, SOCIETY BENEFIT-MULTIPURPOSE AND OTHER
UTAH PARTNERS FOR HEALTH 3665 SOUTH 8400 WEST MAGNA, UT 84044	27-0218004	501(C)(3)	244,993.	0.			COMMUNITY HEALTH SYSTEMS; HEALTH (GENERAL AND FINANCING); AMBULATORY HEALTH CENTER, COMMUNITY
UTAHNS AGAINST HUNGER 455 EAST 400 SOUTH, #407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	25,000.	0.			ALLIANCE/ADVOCACY ORGANIZATIONS; AGRICULTURAL, YOUTH DEVELOPMENT; INCREASE
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE, STE 100 SALT LAKE CITY, UT 84108	87-0428873	501(C)(3)	70,000.	0.			ALLIANCE/ADVOCACY ORGANIZATIONS; HUMAN SERVICES - MULTIPURPOSE, OTHER YOUTH DEVELOPMENT
VOLUNTEERS OF AMERICA, UTAH 435 W BEARCAT DR SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	95,000.	0.			BASIC NEEDS (FOOD, SHELTER, HEALTH, ADVOCACY)

Schedule I (Form 990)

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YMCA OF NORTHERN UTAH 3216 S HIGHLAND DR, STE 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	25,000.	0.			PROVIDE COMMUNITIES WITH EXPERIENCES THAT ENHANCE HEALTHY MIND, BODY, & SPIRIT IN WHICH WE STRIVE
YWCA OF SALT LAKE CITY 344 E BROADWAY SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	95,000.	0.			FAMILY VIOLENCE SHELTERS AND SERVICES; VICTIMS' SERVICES; CHILD DAY CARE
UTAH AFTERSCHOOL NETWORK 254 S 600 E #200 SALT LAKE CITY, UT 84102	76-0820361	501(C)(3)	40,000.	0.			BUILDING STRONG, SAFE, AND HEALTHY AFTERSCHOOL/OUT-OF-SCHOOL TIME PROGRAMS
UTAH DECIDES HEALTHCARE 10 W 100 S, STE 300 SALT LAKE CITY, UT 84101		GOV'T	75,000.	0.			PROPOSITION 3, ON THE BALLOT THIS NOVEMBER, IS AN EXPANSION OF THE MEDICAID PROGRAM, WHICH
OUR SCHOOLS NOW, INC 21 G ST SALT LAKE CITY, UT 84103		GOV'T	50,000.	0.			THIS WAS TO PROPOSE TO ENACT THE TEACHER AND STUDENT SUCCESS ACT.
DAVIS COUNTY HEALTH DEPARTMENT PO BOX 618 FARMINGTON, UT 84025	94-2842695	GOV'T	5,000.	0.			OUR MISSION IS TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF DAVIS COUNTY RESIDENTS AND
FAMILY PROMISE 814 W 800 S SALT LAKE CITY, UT 84104	87-0547916	501(C)(3)	5,000.	0.			FAMILY PROMISE-SALT LAKE IS AN INTERFAITH ALLIANCE HELPING CHILDREN AND FAMILIES EXPERIENCING
SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W, STE 128 SALT LAKE CITY, UT 84104	87-0482710	501(C)(3)	5,000.	0.			SALT LAKE DONATED DENTAL SERVICES' MISSION IS TO RELIEVE DENTAL PAIN AND SUFFERING WHILE
URBAN INDIAN CENTER OF SALT LAKE 120 W 1300 S SALT LAKE CITY, UT 84115	87-0392380	501(C)(3)	5,000.	0.			THE MISSION OF URBAN INDIAN CENTER OF SALT LAKE IS TO PRESERVE THE HERITAGE OF AMERICAN

Schedule I (Form 990)



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

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VALLEY MENTAL HEALTH INC, DBA VALLEY BEHAVIORAL HEALTH - 4460 S HIGHLAND DR, STE 200 - SALT LAKE CITY, UT 84124	94-2938348	501(C)(3)	50,000.	0.			TO PROVIDE AND ADMINISTER MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES FOR THE SALT LAKE, SUMMIT
CSME - UBEE'S STEM PROGRAM - 02 (SUMMER 2019) - 155 S 1452 E, RM 452 - SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	7,584.	0.			UBEE'S SCIENCE & MATH PROGRAM

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS BIG SISTERS

(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, GREAT SALT LAKE COUNCIL

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

**Part IV Supplemental Information**

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

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER-SCHOOL PROGRAMS, PROVIDE SAFE

PLACES FOR KIDS TO GO DURING UNSUPERVISED HOURS; PROVIDE YOUTH WITH ADULT

MENTORS AND LIFE-ENHANCING PROGRAMS.

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: CHILDREN'S SERVICE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SERVICES TO FAMILIES,

INDIVIDUALS, & COMMUNITY TO ENHANCE SAFETY & WELL-BEING OF CHILDREN &

THEIR CAREGIVERS; ALL SERVICES HELP PREVENT CHILD ABUSE

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: COMMUNITY ACTION PARTNERSHIP OF UTAH

(H) PURPOSE OF GRANT OR ASSISTANCE: CIVIL RIGHTS, ADVOCACY FOR SPECIFIC

GROUPS, MANAGEMENT & TECHNICAL ASSISTANCE, FINANCIAL COUNSELING, MONEY

MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY EDUCATION PARTNERSHIP

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S & YOUTH SERVICES -

AFTERSCHOOL PROGRAMS; COMMUNITY EVENTS FOR WEST VALLEY FAMILIES &

STUDENTS

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: 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:

FOURTH STREET CLINIC-WASATCH HOMELESS HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: AMBULATORY HEALTH CENTER, COMMUNITY

CLINIC; MENTAL HEALTH CRISIS INTERVENTION; PRIMARY CARE FACILITIES;HELPS

HOMELESS UTAHNS GET BACK ON THEIR FEET

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 OPPOURTUNITES TO SUCCEED

IN HIGHER EDUCATION, CAREER, & LIFE.

NAME OF ORGANIZATION OR GOVERNMENT:

GUADALUPE CENTER EDUCATIONAL PROGRAM, INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: HELPS SERVE THE EDUCATIONAL NEEDS OF  
DISADVANTAGED CHILDREN & ADULT IMMIGRANTS & REFUGEES ON SLC'S WEST SIDE.

NAME OF ORGANIZATION OR GOVERNMENT: HOLY CROSS MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPONDS TO UNDERSERVED COMMUNITY'S  
NEED FOR HEALTH AND WELL-BEING. CONNECTS PEOPLE TO COMMUNITY SERVICES, &  
ASSISTS INDIVIDUALS & FAMILIES TOWARD INDEPENDENCE & FULL PARTICIPATION  
IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERNATIONAL RELIEF;INTERNATIONAL  
DEVELOPMENT RELIEF SERVICES;INTERNATIONAL MIGRATION, REFUGEE ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE

(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  
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

**Part IV Supplemental Information**

INCOME FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

MIDVALE CITY-MIDVALE COMMUNITY BUILDING

(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: MOUNTAINLANDS COMMUNITY HOUSING TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS THE DUAL PROBLEMS OF HOUSING AFFORDABILITY & AVAILABILITY ON ACQUISITION & NEW CONSTRUCTION OF

AFFORDABLE HOUSING, DIRECT ASSISTANCE IN SECURING HOUSING, & NEEDED BASIC SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HOUSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD DAY CARE; QUALITY/AFFORDABLE DAY CARE & SUPPORT SERVICES TO LOW-INCOME CHILDREN & ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: 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: POLIZZI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES NO-COST, COMMUNITY-BASED PSYCHIATRIC CARE TO LOW-INCOME, UNINSURED CHILDREN, ADOLESCENTS, & ADULTS; SAFETY-NET AND BRIDGE TO EXISTING COMMUNITY HEALTH SERVICES FOR UTAHNS MOST IN NEED.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: THE INN BETWEEN

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES A SAFE HAVEN FOR THOSE WHO  
HAVE NOWHERE TO LIVE IN TIME OF MEDICAL CRISIS;ENSURES BASIC NEEDS,  
ACCESS TO PROPER MEDICAL CARE, AND COMPREHENSIVE SUPPORTIVE SERVICES FOR  
THOSE WHO NEED IT.

NAME OF ORGANIZATION OR GOVERNMENT: THE SHARING PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING A SAFE & CARING  
ENVIRONMENT WHERE CHILDREN, TEENS & THEIR FAMILIES WHO ARE GRIEVING THE  
DEATH OF A LOVED ONE MAY SHARE THEIR FEELINGS WHILE HEALING THEMSELVES

NAME OF ORGANIZATION OR GOVERNMENT: UTAH COMMUNITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMAN SERVICES ORGANIZATION;  
EMERGENCY ASSISTANCE (FOOD, CLOTHES, CASH); KINDERGARTEN, NURSERY  
SCHOOLS, PRESCHOOL, EARLY ADMISSIONS

NAME OF ORGANIZATION OR GOVERNMENT: UTAH FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE (FOOD,  
CLOTHING, CASH); FOOD BANKS/PANTRIES; PUBLIC, SOCIETY  
BENEFIT-MULTIPURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: UTAH HEALTH AND HUMAN RIGHTS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: CIVIL RIGHTS, ADVOCACY FOR SPECIFIC  
GROUPS; HELP SURVIVORS OF TORTURE LIVING IN UT HEAL FROM THEIR PHYSICAL  
AND PSYCHOLOGICAL INJURIES & REBUILD THEIR LIVES

NAME OF ORGANIZATION OR GOVERNMENT: UTAH HEALTH POLICY PROJECT

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

**Part IV Supplemental Information**

ADVANCING SUSTAINABLE HEALTH CARE SOLUTIONS FOR UNDER-SERVED UTAHNS

THROUGH BETTER ACCESS, EDUCATION, & PUBLIC POLICY

NAME OF ORGANIZATION OR GOVERNMENT: UTAH LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: LEGAL SERVICES; PROTECT THE RIGHTS

OF THE DISADVANTAGED & PERSONS OF LIMITED MEANS BY LEGAL REPRESENTATION,

ADVOCACY, & EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: UTAH PARTNERS FOR HEALTH

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

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: YMCA OF NORTHERN UTAH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE COMMUNITIES WITH EXPERIENCES

THAT ENHANCE HEALTHY MIND, BODY, & SPIRIT IN WHICH WE STRIVE TO BUILD

STRONG KIDS, FAMILIES, AN COMMUNITIES.

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



**Part IV** Supplemental Information

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 DECIDES HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROPOSITION 3, ON THE BALLOT THIS

NOVEMBER, IS AN EXPANSION OF THE MEDICAID PROGRAM, WHICH IS JOINTLY

FUNDED BY THE UTAH STATE AND FEDERAL GOVERNMENT. IF PASSED, AN ADDITIONAL

150,000 UTAHNS WILL HAVE ACCESS TO AFFORDABLE HEALTHCARE THROUGH

MEDICAID, AND IT WILL BRING \$800 MILLION OF FEDERAL TAX DOLLARS UTAHNS

ALREADY PAY BACK INTO OUR STATE TO PAY FOR THE EXPANSION. THE EXPANSION

WILL ADD APPROXIMATELY 14,000 NEW JOBS, AND THIS NEW ECONOMIC ACTIVITY

WILL ADD \$1.7 BILLION TO UTAH'S ECONOMY

NAME OF ORGANIZATION OR GOVERNMENT: DAVIS COUNTY HEALTH DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR MISSION IS TO PROMOTE AND

PROTECT THE HEALTH AND WELL-BEING OF DAVIS COUNTY RESIDENTS AND THEIR

ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY PROMISE-SALT LAKE IS AN

INTERFAITH ALLIANCE HELPING CHILDREN AND FAMILIES EXPERIENCING

HOMELESSNESS ACHIEVE LASTING SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT: SALT LAKE DONATED DENTAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SALT LAKE DONATED DENTAL SERVICES'

**Part IV Supplemental Information**

MISSION IS TO RELIEVE DENTAL PAIN AND SUFFERING WHILE PRESERVING ORAL

HEALTH THROUGH PREVENTATIVE EDUCATION AND COMPREHENSIVE TREATMENT FOR

THOSE WITH NO OTHER ACCESS TO DENTAL CARE.

NAME OF ORGANIZATION OR GOVERNMENT: URBAN INDIAN CENTER OF SALT LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF URBAN INDIAN CENTER

OF SALT LAKE IS TO PRESERVE THE HERITAGE OF AMERICAN INDIANS AND ALASKAN

NATIVES AS WELL AS TO ENHANCE THE WELL BEING AND STRENGTHEN THE FUTURE OF

THE PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY MENTAL HEALTH INC, DBA VALLEY BEHAVIORAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE AND ADMINISTER MENTAL

HEALTH AND ALCOHOL AND DRUG ABUSE SERVICES FOR THE SALT LAKE, SUMMIT AND

TOOELE COUNTY, UTAH AREAS.

PART I, LINE 2

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

THROUGH PROGRAM AND FINANCIAL REPORTS SUBMITTED BY EACH PARTNER AT

REGULAR INTERVALS. FINANCIAL REPORTS INCLUDE AUDITED FINANCIAL

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

ORGANIZATIONAL BUDGETS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF SALT LAKE

Employer identification number  
87-0227091

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BILL CRIM PRESIDENT & CEO	(i)	190,137.	0.	0.	11,564.	2,918.	204,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	313,862.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( VARIOUS NONCA )	X	70	54,812.	COMPARABLE SALES
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: 29 0

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

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

SCHEDULE M, LINE 32B:

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

BROKERAGE FIRM.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SALT LAKE

Employer identification number

87-0227091

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

SERVICES AND SUPPORTS FOR THEIR RESPECTIVE COMMUNITIES. UWSL ALSO

OPERATES A 2-1-1 INFORMATION AND REFERRAL SERVICE. IN ADDITION, UWSL

ALSO PROVIDES GRANTS TO A LIMITED NUMBER OF COMMUNITY PARTNERS WORKING

OUTSIDE OF THE PROMISE PARTNERSHIPS. THEY PROVIDE BASIC NEEDS SERVICES

OF FOOD, SHELTER, HEALTH AND SAFETY TO THE GENERAL POPULATION WITHIN

SALT LAKE, SUMMIT, DAVIS AND TOOELE COUNTIES. FINALLY, UWSL

DISTRIBUTES RESOURCES TO MORE THAN 200 ADDITIONAL NONPROFIT

ORGANIZATIONS AT THE SPECIFIC REQUEST OF INDIVIDUAL DONORS. UWSL

ADVOCATES AT ALL LEVELS OF GOVERNMENT FOR A PUBLIC POLICY AGENDA THAT

IS TIED TO ITS AREAS OF FOCUS, WHICH INCLUDE EDUCATION, FINANCIAL

STABILITY, HEALTH, AND BASIC NEEDS.

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

ENGLISH AND IN SPANISH. THIS YEAR, 2-1-1 INTERACTED 56,030 TIMES WITH

UTAHNS VIA PHONE, CHAT, EMAIL, AND TEXT AND RECEIVED 187,836 CLIENT

INTERACTIONS THROUGH THE WEBSITE AND APP. IN ADDITION TO CLIENT

INTERACTIONS, UNITED WAY 2-1-1 PROVIDED PARTNER ACCESS TO INFORMATION

33,241 TIMES.

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

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.

EXPENSES \$ 1,818,232. INCLUDING GRANTS OF \$ 1,818,232. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)



Name of the organization UNITED WAY OF SALT LAKE	Employer identification number 87-0227091
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

UWSL'S EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD AND SETS THE COMPENSATION FOR THE SENIOR MANAGEMENT TEAM. THE COMMITTEE DETERMINES COMPENSATION LEVELS BASED ON AN ANNUAL COMPENSATION STUDY PREPARED BY UWSL'S TRADE ASSOCIATION, UNITED WAY WORLDWIDE. IT ALSO COMPARES COMPENSATION LEVELS AT OTHER LOCAL NONPROFIT ORGANIZATIONS OF A COMPARABLE SIZE OR LEVEL OF COMMUNITY INFLUENCE AS DISCLOSED ON THEIR 990'S. 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 ITS WEBSITE UNDER THE "ABOUT US", "ACCOUNTABILITY" MENU.

