

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning **07/01/13** , and ending **06/30/14**

88-0071328

United Way of Southern Nevada

Net Asset / Fund Balance at Beginning of Year 4,470,581

Revenue

| | | |
|-------------------------|-------------------|-------------------|
| Contributions | <u>9,349,760</u> | |
| Program service revenue | <u>11,580,529</u> | |
| Investment income | <u>46,331</u> | |
| Capital gain / loss | <u>126,987</u> | |
| Fundraising / Gaming: | | |
| Gross revenue | <u>15,323</u> | |
| Direct expenses | <u>15,323</u> | |
| Net income | <u>0</u> | |
| Other income | <u>0</u> | |
| Total revenue | | <u>21,103,607</u> |

Expenses

| | | |
|------------------------|-------------------|-------------------|
| Program services | <u>18,571,955</u> | |
| Management and general | <u>939,445</u> | |
| Fundraising | <u>2,128,340</u> | |
| Total expenses | | <u>21,639,740</u> |

Excess / (deficit) -536,133

Changes 105,083

Net Asset / Fund Balance at End of Year 4,039,531

Reconciliation of Revenue

| | |
|--|-------------------|
| Total revenue per financial statements | <u>17,416,574</u> |
| Less: | |
| Unrealized gains | <u>105,083</u> |
| Donated services | <u>238,924</u> |
| Recoveries | <u> </u> |
| Other | <u> </u> |
| Plus: | |
| Investment expenses | <u>13,883</u> |
| Other | <u>4,017,157</u> |
| Total revenue per return | <u>21,103,607</u> |

Reconciliation of Expenses

| | |
|---|-------------------|
| Total expenses per financial statements | <u>17,847,624</u> |
| Less: | |
| Donated services | <u>238,924</u> |
| Prior year adjustments | <u> </u> |
| Losses | <u> </u> |
| Other | <u> </u> |
| Plus: | |
| Investment expenses | <u>13,883</u> |
| Other | <u>4,017,157</u> |
| Total expenses per return | <u>21,639,740</u> |

| | Beginning | Ending | Differences |
|-------------|------------------|------------------|-----------------|
| Assets | <u>9,467,304</u> | <u>9,001,110</u> | |
| Liabilities | <u>4,996,723</u> | <u>4,961,579</u> | |
| Net assets | <u>4,470,581</u> | <u>4,039,531</u> | <u>-431,050</u> |

Miscellaneous Information

Amended return _____
 Return / extended due date 02/15/15
 Failure to file penalty _____

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839
702-269-9992

February 11, 2015

CONFIDENTIAL

United Way of Southern Nevada
5830 W. Flamingo Road
Las Vegas, NV 89103

Dear Cass:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/14 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Houldsworth, Russo & Company, P.C.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 20 14

2013

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879e.

| | | | |
|-----------------------------|--------------------------------------|--------------------------------|-------------------|
| Name of exempt organization | United Way of Southern Nevada | Employer identification number | 88-0071328 |
| Name and title of officer | Cass Palmer CEO | | |

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|----|-------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 21,103,607 |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **01/05/15**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88231512345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Katie Hampton Date } **01/05/15**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

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)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <p style="text-align: center;">United Way of Southern Nevada</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>5830 W. Flamingo Road</p> City or town, state or province, country, and ZIP or foreign postal code <p>Las Vegas NV 89103</p> | D Employer identification number <p style="text-align: center;">88-0071328</p> E Telephone number <p style="text-align: center;">702-734-2273</p> G Gross receipts \$ 21,118,930 |
| F Name and address of principal officer: <p>Cass Palmer 5830 W. Flamingo Road Las Vegas NV 89103</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number U |
| J Website: U www.uwsn.org | | L Year of formation: 1957 |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U | | M State of legal domicile: NV |

Part I Summary

| | | | |
|--|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: United Way of Southern Nevada Inc. (the Organization or United Way) collaborates with volunteers, stakeholders and community leaders to uncover key strategies designed to develop community-based solutions. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 34 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 34 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 61 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 9196 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 10,540,324 | 9,349,760 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 19,952,528 | 11,580,529 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 196,649 | 173,318 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 40,535 | 0 |
| | | 30,730,036 | 21,103,607 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,033,628 | 5,587,731 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,495,666 | 4,357,540 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | 16b Total fundraising expenses (Part IX, column (D), line 25) U 2,128,340 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 18,899,844 | 11,694,469 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 31,429,138 | 21,639,740 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -699,102 | -536,133 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 9,467,304 | 9,001,110 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,996,723 | 4,961,579 |
| | 4,470,581 | 4,039,531 | |

Part II Signature Block

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

| | | | |
|-------------------------------|--|---|----------------------------------|
| Sign Here | Signature of officer Cass Palmer | Date | |
| | Type or print name and title CEO | | |
| Paid Preparer Use Only | Print/Type preparer's name Katie Hampton | Preparer's signature Katie Hampton | Date 02/11/15 |
| | Firm's name Houldsworth, Russo & Company, P.C. | Check <input type="checkbox"/> if self-employed | PTIN P00292787 |
| | Firm's address 8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839 | Firm's EIN 88-0374623 | Phone no. 702-269-9992 |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **9,056,728** including grants of\$) (Revenue \$ **9,138,843**)

United Way processes payments to childcare providers and monthly expenditure reports for the State of Nevada, Division of Welfare and Supportive Services. United Way earns an annual administrative fee plus the reimbursement cost of two support staff. The contract expired December 31, 2013.

4b (Code:) (Expenses \$ **5,869,007** including grants of\$ **5,587,731**) (Revenue \$ **1,249,959**)

Funded program allocations include community distribution dollars for donor-designated funds, immediate needs services and the Organization's Community-based Agenda which represents community projects which target and support the community's access to healthcare, commitment to education, and financial stability. Expenses include grants to nonprofit organizations that provide services to the community pursuant to the programs' criteria and objectives, and staff labor. The Community-based Agenda involves the process of planning and investing resources to effectively address health and human service needs and includes outcome measurement, planning and problem-solving.

Continued on Schedule O.

4c (Code:) (Expenses \$ **1,085,510** including grants of\$) (Revenue \$ **1,096,500**)

United Way's Community Development staff and volunteers are responsible for accrediting local health and human services agencies, supporting the Community Impact initiatives, monitoring program results, and providing technical assistance to groups receiving or seeking funding from the Organization. Other programs include:

Volunteerism - Recruiting individuals and organizations to achieve tangible results

Continued on Schedule O.

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

(Expenses \$ **2,560,710** including grants of\$) (Revenue \$ **95,227**)

4e Total program service expenses **u 18,571,955**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 | Did the organization report an amount in Part X, line 21, 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? If "Yes," complete Schedule D, Part IV | X | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|----------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1a | 736 | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2a | 61 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: U See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | X |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1a | 34 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 34 | | |
| 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: | | |
| 8a | The governing body? | X | |
| 8b | 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.)

| | | Yes | No |
|------------|--|----------|----------|
| 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? | | X |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | X |
| 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 None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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, physical address, and telephone number of the person who possesses the books and records of the organization: Sabri Ozun **5830 W Flamingo**
Las Vegas **NV 89103** **702-892-2320**

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 organizations compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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) Edward Garcia | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (2) Joe Coe | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (3) Fred Cover | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (4) William P Curran | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) Don Gibe | 1.00 | | | | | | | | | |
| Past Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (6) Jim Fuchs | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) Dean Harrold | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) Emily Thomas Neilson | 1.00 | | | | | | | | | |
| Board Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (9) John Osborn | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) Jerry W Penn | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) David Hoenemeyer | 1.00 | | | | | | | | | |
| Director | 0.00 | 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 dotted 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 | | | |
| (12) Howard B Puterman | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Gail J Raffel | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) Christopher Roman | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) Laura Hoenemeyer | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (16) Kent Larson | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) Steven Larson | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (18) John Smirk | 1.00 | | | | | | | | | |
| Secretary | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (19) Robert Young | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 886,717 | | 129,380 |
| d Total (add lines 1b and 1c) | | | | | | | | 886,717 | | 129,380 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 17

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|------------------------------------|---------------------|
| Bright Child Learning Center Las Vegas NV 89110 | 1567 N. Nellis Blvd. Child Care | 254,662 |
| Kids R Us Academy, LLC Las Vegas NV 89146 | 2760 S. Jones Child Care | 244,128 |
| Kids First Las Vegas NV 89110 | 5245 E Bonanza Rd Child Care | 233,675 |
| Kids Campus LLC Las Vegas NV 89147 | 9572 W Tropicana Ave Child Care | 183,075 |
| Marcia's Child Care Center Las Vegas NV 89145 | 109 Windsong St. Child Care | 164,596 |

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 9

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 dotted 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 | | | |
| (12) Deb Mele-Blanchard | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Cheryl Saint Vincent | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) Debra Berko | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) Michael Santos | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (16) Gerry Shear | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) Dean Elyacoubi | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (18) Pat Skorkowsky | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) Jim Kropid | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **u**

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 dotted 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 | | | |
| (12)Curt Howell | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13)John Wilcox | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (14)Greg Korte | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (15)Larry Krause | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (16)Eric Lloyd | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (17)Joe Micatrotto, Jr. | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (18)David Uthoff | 1.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | 0 | 0 | 0 | |
| (19)Cass Palmer | 40.00 | | | | | | | | | |
| President, CEO | 0.00 | | | X | | | 194,895 | 0 | 31,355 | |
| 1b Sub-total | | | | | | | 194,895 | | 31,355 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **u**

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 dotted 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 | | | |
| (12)Linda Erath | 40.00 | | | | | | | | | |
| Former CFO | 0.00 | | | X | | | 134,310 | 0 | 16,454 | |
| (13)Sabri Ozun | 40.00 | | | | | | | | | |
| CFO | 0.00 | | | X | | | 0 | 0 | 0 | |
| (14)Lisa Manning | 40.00 | | | | | | | | | |
| Interim CFO | 0.00 | | | X | | | 0 | 0 | 0 | |
| (15)Robert Welling | 40.00 | | | | | | | | | |
| VP Resource Develop | 0.00 | | | | | X | 118,801 | 0 | 16,634 | |
| (16)Vanessa Maniago | 40.00 | | | | | | | | | |
| VP Branding & Mktng | 0.00 | | | | | X | 117,371 | 0 | 24,910 | |
| (17)Danylle Hitchens | 40.00 | | | | | | | | | |
| VP Major Gifts | 0.00 | | | | | X | 108,105 | 0 | 11,346 | |
| (18)Terri Janison | 40.00 | | | | | | | | | |
| VP Comm Development | 0.00 | | | | | X | 107,003 | 0 | 11,762 | |
| (19)Don Waitman | 40.00 | | | | | | | | | |
| VP Administration | 0.00 | | | | | X | 106,232 | 0 | 16,919 | |
| 1b Sub-total | | | | | | | 691,822 | | 98,025 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **u**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--------------------------------|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 25,153 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,324,607 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h Total. Add lines 1a-1f | u | | 9,349,760 | | | |
| Program Service Revenue | 2a Fiscal Agent revenue | Busn. Code 624410 | 11,516,414 | 11,516,414 | | | |
| | b Misc fees | 900099 | 47,068 | 47,068 | | | |
| | c Admin fees | 900099 | 17,047 | 17,047 | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | u | | 11,580,529 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 46,331 | | | 46,331 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | 126,987 | | | |
| | b Less: cost or other basis & sales exps | | | | | | |
| | c Gain or (loss) | | 126,987 | | | | |
| | d Net gain or (loss) | u | | 126,987 | 126,987 | | |
| | 8a Gross income from fundraising events (not including \$ 25,153 of contributions reported on line 1c). See Part IV, line 18 | a | 15,323 | | | | |
| | | b Less: direct expenses | b | 15,323 | | | |
| c Net income or (loss) from fundraising events | | u | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | u | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | u | | | | | |
| Miscellaneous Revenue | | Busn. Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | u | | | | | | |
| 12 Total revenue. See instructions. | u | | 21,103,607 | 11,707,516 | 0 | 46,331 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 4,302,654 | 4,302,654 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1,285,077 | 1,285,077 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 367,310 | | 367,310 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,266,842 | 1,860,148 | 209,838 | 1,196,856 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 157,913 | 92,253 | 6,303 | 59,357 |
| 9 Other employee benefits | 263,095 | 151,576 | 13,992 | 97,527 |
| 10 Payroll taxes | 302,380 | 156,887 | 44,549 | 100,944 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 17,981 | 17,981 | | |
| c Accounting | 37,430 | | 37,430 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 13,883 | | 13,883 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 362,990 | 271,802 | 14,758 | 76,430 |
| 12 Advertising and promotion | 181,953 | 33,987 | 323 | 147,643 |
| 13 Office expenses | 386,998 | 120,964 | 86,994 | 179,040 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 80,813 | 35,436 | 25,519 | 19,858 |
| 17 Travel | 52,052 | 13,580 | 1,661 | 36,811 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 181,848 | 47,442 | 5,804 | 128,602 |
| 20 Interest | 64,389 | 25,756 | 21,892 | 16,741 |
| 21 Payments to affiliates | 107,835 | 43,134 | 36,664 | 28,037 |
| 22 Depreciation, depletion, and amortization | 129,221 | 52,122 | 43,572 | 33,527 |
| 23 Insurance | 28,352 | 12,432 | 8,953 | 6,967 |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Childcare program expense | 8,968,312 | 8,968,312 | | |
| b Education | 1,004,997 | 1,004,997 | | |
| c Other program expense | 51,150 | 51,150 | | |
| d Community distribution | 12,592 | 12,592 | | |
| e All other expenses | 11,673 | 11,673 | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 21,639,740 | 18,571,955 | 939,445 | 2,128,340 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|---|---------------|--------------------|-----------|
| Assets | 1 | Cash—non-interest bearing | 834,149 | 1 | 1,004,746 |
| | 2 | Savings and temporary cash investments | 337,824 | 2 | 91,011 |
| | 3 | Pledges and grants receivable, net | 3,242,078 | 3 | 3,499,845 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | 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 instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 93,851 | 9 | 74,276 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,202,442 | | |
| | b | Less: accumulated depreciation | 10b 323,613 | 10c | 2,878,829 |
| | 11 | Investments—publicly traded securities | 1,961,746 | 11 | 1,452,403 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,467,304 | 16 | 9,001,110 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 670,032 | 17 | 612,873 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 1,463,172 | 23 | 1,417,321 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,863,519 | 25 | 2,931,385 |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,996,723 | 26 | 4,961,579 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 1,802,001 | 27 | 1,446,131 |
| | 28 | Temporarily restricted net assets | 2,668,580 | 28 | 2,593,400 |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 4,470,581 | 33 | 4,039,531 | |
| 34 | Total liabilities and net assets/fund balances | 9,467,304 | 34 | 9,001,110 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 21,103,607 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,639,740 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -536,133 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,470,581 |
| 5 | Net unrealized gains (losses) on investments | 5 | 105,083 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,039,531 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
⌋ Attach to Form 990 or Form 990-EZ.
⌋ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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) \cup | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|------------|------------|------------|------------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,280,486 | 11,181,708 | 11,992,022 | 10,540,324 | 9,349,760 | 54,344,300 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 11,280,486 | 11,181,708 | 11,992,022 | 10,540,324 | 9,349,760 | 54,344,300 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 4,006,893 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 50,337,407 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) \cup | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|------------|------------|------------|------------|-----------|------------|
| 7 Amounts from line 4 | 11,280,486 | 11,181,708 | 11,992,022 | 10,540,324 | 9,349,760 | 54,344,300 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 56,782 | 131,107 | 190,305 | 86,258 | 46,331 | 510,783 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 54,855,083 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 11,595,852 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.76 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 90.09 % |
| 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) <input type="checkbox"/> | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) <input type="checkbox"/> | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

U Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

| | |
|---|--|
| Name of the organization United Way of Southern Nevada | Employer identification number 88-0071328 |
|---|--|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization United Way of Southern Nevada | Employer identification number 88-0071328 |
|--|---|

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 | <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> Las Vegas NV 89134 | \$ 227,801 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to, Aggregate grants from, and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table for conservation easement details with columns: Description, Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage restricted, and Number of conservation easements on a certified historic structure.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

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

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

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

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" to 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 | | 437,000 | | 437,000 |
| b Buildings | | 2,308,641 | 113,459 | 2,195,182 |
| c Leasehold improvements | | 128,968 | 22,809 | 106,159 |
| d Equipment | | 327,833 | 187,345 | 140,488 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | u 2,878,829 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) <input type="checkbox"/> | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) <input type="checkbox"/> | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) Designations | 2,190,991 | |
| (3) Due to exempt organizations | 385,357 | |
| (4) Refundable advances | 355,037 | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <input type="checkbox"/> | 2,931,385 | |

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" to Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 17,416,574 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains on investments | 2a | 105,083 | |
| | b Donated services and use of facilities | 2b | 238,924 | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 344,007 | |
| 3 | Subtract line 2e from line 1 | | 3 | 17,072,567 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 13,883 | |
| | b Other (Describe in Part XIII.) | 4b | 4,017,157 | |
| | c Add lines 4a and 4b | 4c | 4,031,040 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 21,103,607 |

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

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

| | | | | |
|---|--|----|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 17,847,624 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 238,924 | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 238,924 | |
| 3 | Subtract line 2e from line 1 | | 3 | 17,608,700 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 13,883 | |
| | b Other (Describe in Part XIII.) | 4b | 4,017,157 | |
| | c Add lines 4a and 4b | 4c | 4,031,040 | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 21,639,740 |

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 X - FIN 48 Footnote

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income taxes on related income pursuant to the appropriate section of the Internal Revenue Code. It is classified as a publicly supported charitable organization under IRC Section 509(a)(1); therefore, donations qualify for maximum charitable contribution deduction under IRC Section 170(b)(1)(A)(vi). In the preparation of tax returns, tax positions are taken based on interpretation of federal, state and local income tax laws. In accordance with the accounting standards, management periodically reviews and evaluates the status of uncertain tax positions and makes estimates of amounts, including interest and penalties, ultimately due or owed. No amounts have been identified, or recorded as uncertain tax positions. Federal, state, and local tax returns generally remain open for examination by the various taxing authorities for a period of three to six years.

Part XIII Supplemental Information (continued)

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Part XI, Line 4b - Revenue Amounts Included on Return - Other

Donor designations **\$ 4,017,157**

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Part XII, Line 4b - Expense Amounts Included on Return - Other

Donor designations **\$ 4,017,157**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I

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

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

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

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

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

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------------|-------------------------------|---------------------------------|
| | | <u>Special Events</u> (event type) | _____ (event type) | <u>None</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 40,476 | | 40,476 |
| | 2 | Less: Contributions | 25,153 | | 25,153 |
| | 3 | Gross income (line 1 minus line 2) | 15,323 | | 15,323 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 2,089 | | 2,089 |
| | 7 | Food and beverages | 6,409 | | 6,409 |
| | 8 | Entertainment | 800 | | 800 |
| | 9 | Other direct expenses | 6,025 | | 6,025 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | |

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility

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

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u\$**

Description of services provided **u**

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u\$**

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

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

☐ Attach to Form 990.

☐ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | NV Diabetes Association for Childre 1005 Terminal Way, Suite 170 Reno NV 89502 | 88-0386000 | 3 | 7,224 | | | | Charitable |
| (2) | Church of Jesus Christ of Latter-Da 10070 Azure Dr Las Vegas NV 89149 | 87-0234341 | 3 | 17,300 | | | | Charitable |
| (3) | St Rose Dominican Hospital 102 E Lake Mead Dr Henderson NV 89015 | 88-0059427 | 3 | 20,000 | | | | Charitable |
| (4) | Temple Beth Shalom 10700 Havenwood Lane Las Vegas NV 89135 | 88-0278460 | 3 | 9,920 | | | | Charitable |
| (5) | Military Support Groups America 1100 Larkspur Landing Cir Ste 340 Larkspur CA 94939 | 27-2242752 | 3 | 8,346 | | | | Charitable |
| (6) | ANIMAL CHARITIES OF AMERICA 1100 Larkspur Landing Circle #340 Larkspur CA 94939 | 94-3193389 | 3 | 14,760 | | | | Charitable |
| (7) | CANCERCURE AMERICA 1100 Larkspur Landing Circle #340 Larkspur CA 94939 | 81-0648432 | 3 | 11,948 | | | | Charitable |
| (8) | Childrens Charities of America 1100 Larkspur Landing Circle #340 Larkspur CA 94939 | 94-3148588 | 3 | 6,290 | | | | Charitable |
| (9) | MILITARY VETS & PATR SERVICE 1100 Larkspur Landing Circle #340 Larkspur CA 94939 | 94-3193418 | 3 | 22,696 | | | | Charitable |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 793

3 Enter total number of other organizations listed in the line 1 table u 0

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

☐ Attach to Form 990.

☐ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Andson Foundation 11920 Southern Highlands Pwy 101 Las Vegas NV 89141 | 27-1311418 | 3 | 8,500 | | | | Charitable |
| (2) | United Labor Agency of NV Incorpora 1201 North Decatur Boulevard Ste Las Vegas NV 89108 | 88-0344011 | 3 | 113,344 | | | | Charitable |
| (3) | Animal Welfare Fund 125 Washington St, Ste 201 Salem MA 01970 | 26-0610986 | 3 | 8,036 | | | | Charitable |
| (4) | Community Health Charities of CA 1331 Garden Highway Sacramento CA 95833 | 94-1732873 | 3 | 17,757 | | | | Charitable |
| (5) | Habitat for Humanity 1401 N Decatur Blvd., Ste 35 Las Vegas NV 89108 | 88-0268803 | 3 | 12,625 | | | | Charitable |
| (6) | The Las Vegas Philharmonic 1412 S Jones Blvd Las Vegas NV 89146 | 88-0398092 | 3 | 40,600 | | | | Charitable |
| (7) | Children First - America's Charitie 14150 Newbrrok Dr. Suite 110 Charitilly VA 20151 | 30-0186795 | 3 | 7,137 | | | | Charitable |
| (8) | Community Tampa Bay 1499 Beach Dr, Ste C St. Petersburg FL 33701 | 81-0675602 | 3 | 10,000 | | | | Charitable |
| (9) | Mesquite Cancer Help Society 150 N Yucca #36 Mesquite NV 89027 | 88-0487720 | 3 | 8,931 | | | | Charitable |

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

☐ Attach to Form 990.

☐ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Catholic Charities of Southern NV 1501 Las Vegas Blvd North Las Vegas NV 89101 | 88-0059425 | 3 | 315,449 | | | | Charitable |
| (2) | Help of Southern NV 1640 E Flamingo Road Ste 100 Las Vegas NV 89119 | 88-0108496 | 3 | 143,983 | | | | Charitable |
| (3) | Nevada Ballet Theatre 1651 Inner Circle Las Vegas NV 89134 | 94-2427112 | 3 | 9,202 | | | | Charitable |
| (4) | American Red Cross, Southern NV Cha 1771 E Flamingo Rd., # 206-B Las Vegas NV 89119 | 88-0059285 | 3 | 108,411 | | | | Charitable |
| (5) | HopeLink 178 Westminster Way Henderson NV 89015 | 94-3202139 | 3 | 16,755 | | | | Charitable |
| (6) | Foundation for an Independent Tomor 1931 Stella Lake Drive Las Vegas NV 89106 | 88-0377684 | 3 | 13,323 | | | | Charitable |
| (7) | National Community Heath Charities 200 N Glebe Rd, Ste 801 Arlington VA 22203 | 13-6167225 | 3 | 31,144 | | | | Charitable |
| (8) | University of NV, School of Medicin 2040 W Charleston Ste 300 Las Vegas NV 89102 | 88-0330858 | 3 | 50,000 | | | | Charitable |
| (9) | Jewish Federation of Las Vegas 2317 Renaissance Drive Las Vegas NV 89119 | 88-0098500 | 3 | 23,095 | | | | Charitable |

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

☐ Attach to Form 990.

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Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Ronald McDonald House of LV 2323 Potosi Street Las Vegas NV 89146 | 94-3108570 | 3 | 26,827 | | | | Charitable |
| (2) | The Smith Center for the Performing 241 W Charleston Blvd, Ste 111 Las Vegas NV 89102 | 88-0361875 | 3 | 98,717 | | | | Charitable |
| (3) | American Israel Ed Foundation 251 H Street NW Washington DC 20001 | 52-1623781 | 3 | 68,892 | | | | Charitable |
| (4) | Spread The Word NV, Inc. 260 E Desert Rose Drive Henderson NV 89015 | 22-3829041 | 3 | 18,528 | | | | Charitable |
| (5) | Green Valley Baptist Church 270 N Valle Verde Dr Henderson NV 89074 | 88-0248603 | 3 | 13,200 | | | | Charitable |
| (6) | Ballet Arizona 2835 E Washington St Phoenix AZ 85034 | 88-0367773 | 3 | 22,500 | | | | Charitable |
| (7) | NV Child Seekers 2880 E. Flamingo Road, Ste D Las Vegas NV 89121 | 38-6035290 | 3 | 10,782 | | | | Charitable |
| (8) | Safe Nest 2915 West Charleston Boulevard Ste Las Vegas NV 89102 | 94-2411883 | 3 | 63,244 | | | | Charitable |
| (9) | Girl Scouts of Frontier Council 2941 Harris Avenue Las Vegas NV 89101 | 88-0060273 | 3 | 9,429 | | | | Charitable |

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Schedule I (Form 990) (2013)

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| (1) | Arizona State University Foundation 300 E. University Drive Tempe AZ 85281 | 86-6051042 | 3 | 80,000 | | | | Charitable |
| (2) | Children's Heart Foundation 3006 S. Maryland Pkwy, Suite 690 Las Vegas NV 89109 | 88-0405506 | 3 | 5,575 | | | | Charitable |
| (3) | Vegas PBS 3050 E Flamingo Rd Las Vegas NV 89121 | 23-7169328 | 3 | 37,000 | | | | Charitable |
| (4) | Planned Parenthood of So NV 3220 West Charleston Boulevard Las Vegas NV 89102 | 84-0404253 | 3 | 11,685 | | | | Charitable |
| (5) | The Public Eduction Foundation 3360 W. Sahara Ave, Ste 160 Las Vegas NV 89102 | 88-0275767 | 3 | 48,184 | | | | Charitable |
| (6) | Nathan Adelson Hospice 3391 N Buffalo Road Las Vegas NV 89129 | 88-0161009 | 3 | 68,428 | | | | Charitable |
| (7) | University of Pennsylvania 3451 Walnut St, Franklin Bldg, 433 Philadelphia PA 19104 | 23-1352685 | 3 | 21,538 | | | | Charitable |
| (8) | Foundation for Postively Kids 3555 W Reno Ave, Ste F Las Vegas NV 89119 | 88-0419638 | 3 | 52,510 | | | | Charitable |
| (9) | Communities in Schools of Southern 3720 Howard Hughes Parkway Las Vegas NV 89169 | 88-0292094 | 3 | 31,245 | | | | Charitable |

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| (1) | Las Vegas After School All Stars 3720 Howard Hughes Parkway Las Vegas NV 89169 | 88-0348811 | 3 | 20,599 | | | | Charitable |
| (2) | I Have A Dream Foundation 3773 Howard Hughes Pkwy Las Vegas NV 89169 | 88-0312222 | 3 | 15,595 | | | | Charitable |
| (3) | Gay & Lesbian Community Ctr 401 S Maryland Pkwy Las Vegas NV 89101 | 94-3192750 | 3 | 7,500 | | | | Charitable |
| (4) | Women's Development Center 4020 Pecos-McLeod Las Vegas NV 89121 | 94-3048865 | 3 | 13,884 | | | | Charitable |
| (5) | Big Brothers Big Sisters of So. NV 4065 E Post Road Las Vegas NV 89120 | 51-0136847 | 3 | 14,001 | | | | Charitable |
| (6) | YMCA of Southern NV 4141 Meadows Lane Las Vegas NV 89107 | 88-0059266 | 3 | 17,681 | | | | Charitable |
| (7) | Three Square 4190 N Pecos Road Las Vegas NV 89115 | 30-0396918 | 3 | 95,694 | | | | Charitable |
| (8) | Child Focus 4310 S Cameron Sutie 13 Las Vegas NV 89103 | 88-0472349 | 3 | 5,328 | | | | Charitable |
| (9) | Community Health Charities of NV 4310 W Cheyenne N. Las Vegas NV 89032 | 88-0141929 | 3 | 6,252 | | | | Charitable |

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Schedule I (Form 990) (2013)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | United Methodist Social Ministries 4412 S Maryland Pkwy Las Vegas NV 89119 | 88-0225104 | 3 | 10,947 | | | | Charitable |
| (2) | Olive Crest Treatment Center 4435 S Jones Blvd Las Vegas NV 89103 | 95-2877102 | 3 | 7,877 | | | | Charitable |
| (3) | American Heart Association 4445 S Jones Ste B1 Las Vegas NV 89103 | 13-5613797 | 3 | 10,305 | | | | Charitable |
| (4) | Torino Foundation 4455 Wagon Trail Ave Las Vegas NV 89118 | 26-2255050 | 3 | 11,000 | | | | Charitable |
| (5) | UNLV Foundation 4505 Maryland Parkway Las Vegas NV 89154 | 88-6000024 | 3 | 55,773 | | | | Charitable |
| (6) | Horses4Heroes, Inc 4637 N Monte Cristo Wy Las Vegas NV 89149 | 20-4872971 | 3 | 24,193 | | | | Charitable |
| (7) | Jewish Family Service Agency 4794 S. Eastern Ave. Suite C Las Vegas NV 89119 | 88-0142948 | 3 | 8,615 | | | | Charitable |
| (8) | Las Vegas Rescue Mission Ctr 480 W Bonanza Rd Las Vegas NV 89106 | 23-7222330 | 3 | 8,169 | | | | Charitable |
| (9) | NV SPCA 4800 West Dewey Drive Suite D Las Vegas NV 89118 | 88-0187383 | 3 | 14,229 | | | | Charitable |

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Schedule I (Form 990) (2013)

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**Grants and Other Assistance to Organizations,
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| (1) | Susan G. Komen Foundation 4850 W Flamingo Road Ste 25 Las Vegas NV 89103 | 88-0372386 | 3 | 34,879 | | | | Charitable |
| (2) | Wounded Warrior Project 4899 Bellfort Rd, Ste 300 Jacksonville FL 32256 | 20-2370934 | 3 | 12,089 | | | | Charitable |
| (3) | Christ the King Catholic Community 4925 S Torrey Pines Dr Las Vegas NV 89118 | 88-0059349 | 3 | 8,225 | | | | Charitable |
| (4) | Corporation Presiding Bishop of 50 E North Temple, Room 1521 Salt Lake City UT 84150 | 23-7300405 | 3 | 5,736 | | | | Charitable |
| (5) | Victory Missionary Baptist Church 500 W Monroe Las Vegas NV 89106 | 88-0146362 | 3 | 9,146 | | | | Charitable |
| (6) | Lutheran Social Services 51 N Pecos Road, Suites 109-113 Las Vegas NV 89101 | 86-0845241 | 3 | 91,874 | | | | Charitable |
| (7) | Alzheimer's Association Desert SW 5190 S Valley View Blv., Ste 101 Las Vegas NV 89118 | 88-0184031 | 3 | 16,518 | | | | Charitable |
| (8) | American Diabetes Assn LV 5463 S Durango Dr, Ste 100A Las Vegas NV 89113 | 13-1623888 | 3 | 6,000 | | | | Charitable |
| (9) | Food Bank of Northern Nevada 550 Italy Drive Sparks NV 89434 | 94-2924979 | 3 | 11,802 | | | | Charitable |

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Schedule I (Form 990) (2013)

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|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Juvenile Diabetes Research Fnd 5542 S Ft. Apache Rd, Ste 100 Las Vegas NV 89148 | 23-1907729 | 3 | 9,806 | | | | Charitable |
| (2) | Planned Parenthood Arizona 5651 N 7th St Phoenix AZ 85014 | 86-0146520 | 3 | 50,000 | | | | Charitable |
| (3) | Special Olympics Nevada 5670 Wynn Rd, Ste H Las Vegas NV 89118 | 68-0363121 | 3 | 6,189 | | | | Charitable |
| (4) | Franciscan Renewal Center 5802 E Lincoln Dr Scottsdale AZ 85253 | 86-0720036 | 3 | 50,000 | | | | Charitable |
| (5) | Candlelighters Childhood Cancer Fou 601 S Rancho Dr., Ste B-11 Las Vegas NV 89106 | 94-2579116 | 3 | 17,937 | | | | Charitable |
| (6) | NV Childhood Cancer Foundation 6070 S. Eastern Ave, Ste 200 Las Vegas NV 89119 | 88-0302673 | 3 | 7,982 | | | | Charitable |
| (7) | Easter Seals of So. NV 6200 West Oakey Blvd Las Vegas NV 89146 | 94-2815686 | 3 | 7,109 | | | | Charitable |
| (8) | Opportunity Village 6300 West Oakey Boulevard Las Vegas NV 89146 | 88-0272831 | 3 | 52,368 | | | | Charitable |
| (9) | Boys & Girls Clubs of Henderson 6330 S Sandhill Rd, Suite 3 Las Vegas NV 89120 | 88-0095779 | 3 | 11,885 | | | | Charitable |

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| (1) | Rape Crisis Center 6375 W Charleston Blvd Las Vegas NV 89146 | 88-0135811 | 3 | 6,452 | | | | Charitable |
| (2) | 10,000 Kids Partnership 6450 E Stewart Ave Las Vegas NV 89110 | 20-5071315 | 3 | 16,000 | | | | Charitable |
| (3) | GLOBAL IMPACT 66 Canal Center Plaza Suite 310 Alexandria VA 22314 | 52-1273585 | 3 | 9,577 | | | | Charitable |
| (4) | Aid for AIDS of NV 701 Shadow Lane, Ste 170 Las Vegas NV 89106 | 88-0214593 | 3 | 15,290 | | | | Charitable |
| (5) | NV Paralyzed Veterans of America 704 S Jones Blvd Las Vegas NV 89107 | 31-1647467 | 3 | 12,458 | | | | Charitable |
| (6) | Las Vegas Clark County Library Dist 7060 W Windmill Lane Las Vegas NV 89113 | 27-0035192 | 3 | 25,412 | | | | Charitable |
| (7) | Future Smiles 7121 West Craig Road Las Vegas NV 89129 | 27-3160598 | 3 | 34,527 | | | | Charitable |
| (8) | Junior Achievement of Southern NV 7220 S. Cimarron Road, Suite 130 Las Vegas NV 89113 | 88-0354481 | 3 | 103,076 | | | | Charitable |
| (9) | Boy Scouts of America (BDAC) 7220 South Paradise Rd. Las Vegas NV 89119 | 88-0059265 | 3 | 38,647 | | | | Charitable |

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Schedule I (Form 990) (2013)

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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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| (1) | CHRISTIAN SERVICE CHARITIES 7620 Little River Turnpike Suite Annandale VA 22003 | 60 94-3193374 | 3 | 15,157 | | | | Charitable |
| (2) | Friends of LV Metro Police Found 801 S. Rancho Drive, Ste A-1 Las Vegas NV 89106 | 88-0429730 | 3 | 9,158 | | | | Charitable |
| (3) | United Way of Northern NV and the S 811 Ryland Street Reno NV 89502 | 88-0059327 | 3 | 9,112 | | | | Charitable |
| (4) | March of Dimes 820 Rancho Ln, Ste 55 Las Vegas NV 89106 | 54-6644174 | 3 | 19,543 | | | | Charitable |
| (5) | Boys Town of Nevada 821 N Mojave Drive Las Vegas NV 89101 | 20-0654472 | 3 | 14,187 | | | | Charitable |
| (6) | Lied Discovery Children's Musm 833 North Las Vegas Boulevard Las Vegas NV 89101 | 94-2943891 | 3 | 57,580 | | | | Charitable |
| (7) | Baby's Bounty 840 Rancho Dr #4-556 Las Vegas NV 89106 | 26-2678979 | 3 | 5,221 | | | | Charitable |
| (8) | Chabad Hebrew Center 8502 W Lake Mead Blvd Las Vegas NV 89128 | 11-3587172 | 3 | 200,000 | | | | Charitable |
| (9) | Keep Memory Alive 888 W Bonneville Ave. Las Vegas NV 89106 | 88-0515534 | 3 | 10,353 | | | | Charitable |

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| (1) | Las Vegas Natural History Museum 900 N. Las Vegas Blvd Las Vegas NV 89101 | 88-0256389 | 3 | 9,350 | | | | Charitable |
| (2) | S A F E House 921 American Pacific Drive Ste 300 Henderson NV 89014 | 88-0314066 | 3 | 5,610 | | | | Charitable |
| (3) | Las Vegas Urban League 930 W Owens Ave Las Vegas NV 89106 | 20-0873314 | 3 | 5,182 | | | | Charitable |
| (4) | Injured Police Officers Fund 9330 W Lake Mead Blvd. S., #130 Las Vegas NV 89134 | 88-0197393 | 3 | 10,460 | | | | Charitable |
| (5) | Helping Kids Clinic 968 E Sahara Ave Las Vegas NV 89104 | 20-5552699 | 3 | 89,000 | | | | Charitable |
| (6) | Variety Early Learning Center 990 D Street Las Vegas NV 89106 | 88-0066977 | 3 | 78,651 | | | | Charitable |
| (7) | Las Vegas Rotary Foundation PO Bo 15152 Las Vegas NV 89114 | 88-0403571 | 3 | 23,384 | | | | Charitable |
| (8) | NV Partnership for Homeless Youth PO Box 20135 Las Vegas NV 89112 | 88-0476452 | 3 | 24,951 | | | | Charitable |
| (9) | Boys & Girls Clubs of So NV-Las Veg PO Box 26689 Las Vegas NV 89126 | 88-0093150 | 3 | 34,115 | | | | Charitable |

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

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

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

Schedule I (Form 990) (2013)

**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" to Form 990, Part IV, line 21 or 22.

☐ Attach to Form 990.

☐ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Chautauqua Foundation PO Box 28 Chautauqua NY 14722 | 16-6028421 | 3 | 12,000 | | | | Charitable |
| (2) | Salvation Army Clark County Command PO Box 28369 Las Vegas NV 89126 | 88-0148782 | 3 | 118,075 | | | | Charitable |
| (3) | Heaven Can Wait Sanctuary PO Box 30158 Las Vegas NV 89173 | 88-0450947 | 3 | 7,484 | | | | Charitable |
| (4) | EOD Warrior Foundation PO Box 309 Bluemont VA 20135 | 20-8618412 | 3 | 7,721 | | | | Charitable |
| (5) | Southern NV Health District PO Box 3902 Las Vegas NV 89127 | 88-0151573 | | 13,720 | | | | Charitable |
| (6) | Charities Under 1% and 5% Overhead PO Box 45754 San Francisco CA 94145 | 27-3132492 | 3 | 11,139 | | | | Charitable |
| (7) | Children's Medical Charities PO Box 45754 San Francisco CA 94145 | 27-0093393 | 3 | 7,258 | | | | Charitable |
| (8) | Christian Charities USA PO Box 45754 San Francisco CA 94145 | 94-3255961 | 3 | 5,421 | | | | Charitable |
| (9) | HEALTH & MEDICAL RESEARCH CH PO Box 45754 San Francisco CA 94145 | 94-3217739 | 3 | 13,048 | | | | Charitable |

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

⌵ Attach to Form 990.

⌵ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | St Jude's Ranch for Children PO Box 60100 Boulder City NV 89006 | 88-6006970 | 3 | 81,723 | | | | Charitable |
| (2) | Emergency Aid of Boulder City PO Box 60673 Boulder City NV 89006 | 94-2772532 | 3 | 7,838 | | | | Charitable |
| (3) | Shade Tree Shelter PO Box 669 Las Vegas NV 89125 | 88-0253276 | 3 | 57,587 | | | | Charitable |
| (4) | Street Teens PO Box 70478 Las Vegas NV 89170 | 88-0480633 | 3 | 5,308 | | | | Charitable |
| (5) | American Red Cross, National PO Box 73857 Chicago IL 60673 | 53-0196605 | 3 | 10,493 | | | | Charitable |
| (6) | Medical Research Agy of Amer PO Box 79703 Baltimore MD 21279 | 94-3148591 | 3 | 5,717 | | | | Charitable |
| (7) | Nellis AFB First Sergeants PO Box 9882 Nellis AFB NV 89191 | 88-0116925 | 3 | 8,442 | | | | Charitable |
| (8) | St Jude's Children's Research Hospi St. Jude Place Memphis TN 38105 | 62-0646012 | 3 | 7,091 | | | | Charitable |
| (9) | Americas Charities Sun Trust Bank-Lockbox #79570 Baltimore MD 21279 | 54-1517707 | 3 | 10,285 | | | | Charitable |

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

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

Schedule I (Form 990) (2013)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Utility assistance | 1269 | 279,363 | | Cash | |
| 2 Crisis Fund | 98 | 97,576 | | Cash | |
| 3 Education program | 18063 | 908,138 | | Cash | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Organization receives monthly reports that are reviewed by Community Development staff. These reports must be received by the 5th of every month for the checks/grants to be cut on the 10th. UWSN reviews these reports to see that they are on target to reach the established goals and benchmarks set out in the original agreement with the agency. If the proper reports are not submitted, payments to an agency can be withheld.

Part II

Listed in Part II are the recipients who received greater than \$5,000 for a total of \$3,775,051, consisting of 127 recipients. In addition, the

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

Organization provided 666 recipients with funds totaling \$527,604. The combined total is \$4,302,654 to 793 recipients.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

U Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
U Attach to Form 990. U See separate instructions.

U Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization uses 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 type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

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

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

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

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

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

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

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

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

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

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

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

| (A) Name 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 reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Cass Palmer President, CEO | (i) | 194,895 | 0 | 0 | 16,000 | 15,355 | 226,250 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Linda Erath Former CFO | (i) | 134,310 | 0 | 0 | 8,672 | 7,782 | 150,764 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

| | Severance | Nonqualified | Equity-based |
|-------------|-----------|--------------|--------------|
| Linda Erath | 20,000 | 0 | 0 |
| Don Waitman | 19,914 | 0 | 0 |

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.

U Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Form 990 - Organization's Mission**Form 990 Part III, Line 1**

United Way of Southern Nevada is a not-for-profit corporation governed by a local, volunteer board of directors. The Organization was incorporated in 1957 and its operations are primarily in Clark County. The Organization is one of nearly 1,300 local, independent United Ways across the country.

United Way's vision is that southern Nevada is a community where all people can achieve their human potential through a solid educational foundation, financial stability and healthy lives. Our mission is to advance the common good through our focus on education, health and financial stability, the building blocks of a good life. We recruit the people and organizations from all around the community who bring the passion, expertise, and resources needed to get things done. Together, person by person, we can make lasting change.

The Organization addresses the root causes to our community's most pressing health and human services issues through collaboration and innovation, and a results-focused theory of change model. This unique methodology, aligned with the Organization's mission and vision, is referred to as the "Community-based Agenda" and is designed to move the needle on chronic health and human service needs being confronted by Southern Nevadans.

United Way engages the community in identifying the underlying causes of

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the most significant local issues, developing strategies and mobilizing the required financial and human resources to address them, and measure the results. The Organization tackles issues based on current, local needs. United Way's three impact areas are health, education and financial stability.

Annual fundraising campaigns are conducted throughout the fiscal year's annual campaign to support programs primarily in the subsequent fiscal year. Campaign dollars support the community-based initiatives, a variety of local health and human service programs, and the Organization's operating expenses.

United Way learned it takes more than promising programs to change conditions in southern Nevada. We are mobilizing businesses, institutions, nonprofits, and residents to help make lasting change to the critical problems facing our community. By pursuing approaches that can be measured and programs that are proven to succeed, we are getting to the root of our region's most troubling issues. We work collaboratively with various community members to make permanent, systemic changes in areas that support the basics that we all need.

United Way's workplace giving campaigns include over 300 companies, soliciting over 230,000 employees with over 30,000 donors. The 2013-2014 gross community campaign raised \$9,748,848.

United Way is making a profound impact in our community through the caring

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power of its "affinity groups." These committed groups create possibilities for the future through their commitment of time and financial resources. On an annual basis, Tocqueville Society members contribute \$10,000 or more, Women's Leadership Council members contribute \$2,500 or more, and the Young Philanthropists Society Executive Memberships contribute \$2,500 or \$1,500 General Membership.

Combined, United Way's Tocqueville Society, Women's Leadership Council and Young Philanthropist generated more than \$2.3 million during the 2013-2014 campaign.

In 2014, 77 Tocqueville Society members gave over \$2 million to the community.

United Way and the Women's Leadership Council partner with the Clark County School District to improve southern Nevada's high school graduation rate by supporting five Family Engagement Resource Centers (FERC's) in Clark, Eldorado, Silverado, Sunrise Mountain and Western high schools nurturing more than 3,300 students to date. With 120 members, in 2013-2014, United Way's Women's Leadership Council contributed \$299,965 in funding. In addition, the Council members helped women prepare for career opportunities and gain confidence to succeed during an interview and in the workplace through its annual fall suit drive that brought in more than 7,000 women's professional items including suits, dresses, shoes, handbags and jewelry.

United Way's Young Philanthropists Society (YPS) has contributed over \$105,000 in funding during the 2013-14 campaign year. This group boasts 55

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members.

Contributors outside of United Way's affinity groups direct their pledges among the community-based focus areas or to the Community Fund where they are pooled and allocated under a volunteer-led process. Restricted designations are also permitted to any 501(c)3 approved by the Internal Revenue Service.

During the 2013-2014 campaign, United Way processed \$4,017,157 in donor-designated restricted funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations. The Organization acts simply as an agent that collects, processes and disburses funds. The Organization provides this service as a convenience to our donors, and being separate and apart from our mission-oriented functions, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

Since our local beginning more than 50 years ago, the accountability standards of United Way of Southern Nevada have been based upon the models of transparency and efficiency. Each year, a local finance committee comprised of CPAs, accountants and corporate leaders reviews the annual budget and internal operational procedures. In addition, on an annual basis, an independent, certified public accounting firm conducts an audit in accordance with generally accepted auditing standards. Annually, the audit confirms United Way of Southern Nevada is in compliance and void of material weaknesses with regard to internal controls.

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For more information, go to uwsn.org.

Form 990, Part III, Line 4b - Second Accomplishment

Immediate Needs - Meeting the basic needs of the community

In 2013-2014, United Way of Southern Nevada helped provide food, utility assistance and shelter so individuals can get back on their feet. United Way provided 16 local agencies with \$1,120,731 in supplemental food, shelter, and rental assistance.

Through the United Way funding:

- 1,502,591 immediate needs services were provided including shelter, meals and food

- 138,934 individuals were connected to essential services by dialing 2-1-1

- United Way, in partnership with NV Energy and local non profits, operate Project REACH (Relief through Energy Assistance to prevent Customer Hardships). This program helps vulnerable adults over the age of 62 years, medically fragile or Reserve and National Guard members with annual energy payment assistance. In 2013-2014 1,548 people were assisted with their energy bills.

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Commitment to Education - Helping children enter school ready to learn

United Way's Education Council is working to secure quality early childhood education for all children, engage families in their children's academic journey to ensure a lifetime of success and increase teachers' skills and proficiencies for greater teacher-student engagement and classroom learning. The goal is to help southern Nevada's children enter school ready and be career ready at graduation so they can happily and positively contribute to the local workforce.

Education programs include:

-Early Childhood Education: Families with young children will engage in family literacy and school readiness activities at quality preschools to build a solid academic, social and emotional foundation for their child to succeed.

-Family Engagement Resource Centers: strategic plan implemented by United Way of Southern Nevada's Women's Leadership Council and Clark County School District (2010 to 2015) to engage parents and their students in their high school journey.

The 2013-14 accomplishments include:

-884 preschool students received individualized educational assessments and school readiness instructional plans.

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-8,755 hours of professional development training to early childcare providers and families.

-350 students received tuition assistance to attend a United Way partner child development center. The tuition assistance is available for families living within the poverty matrix and no longer eligible for state funded child care subsidy. The program is 100% funded by private foundation gifts.

-1,289 High school students and their families have increased access to information and resources to increase on-time graduation.

-Helped at risk students to succeed by supporting Family Engagement Resource Centers in five local high schools and 18 preschools, giving them a place to learn, dream and plan for their futures.

Programs

-Professional Development of child development center staff

-High School Family Engagement Resource Centers

-Implementation of school readiness assessments

-Arts in Education residencies

-Center-based immunization training and tracking

-Child Development Center-based literacy training and materials

-Tuition assistance for Child Development Center-based programs

-Planning grant for High School Success

-Family Engagement workshops on Health, Literacy, and Arts Education

-Building home libraries for families to improve literacy of early

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childhood education in children.

Access to Healthcare - Improving the health of children and their families

United Way of Southern Nevada is committed to providing children and their family access to healthcare, so they may grow and thrive. Through the collaborative efforts of our community partners, we provide access to healthcare, immunize children and engage parents in the healthy development of their children.

Healthcare programs include:

-Immunization Initiative: This program works to ensure children in southern Nevada, ages 0 to 10 years, are fully immunized. Immunizations help keep children healthy so that they can start school on time and are protected from illness as they learn and grow.

-School-based health centers: United Way funded a partner to operate two school based health centers and the Future Smiles program for dental needs. The objective is to improve access to healthcare for children and their families by providing a primary medical point of contact (medical home).

The 2013-2014 accomplishments include:

More than 6,000 immunizations were provided to more than 2,200 children from birth to age 10, preparing kids for school, improving attendance and increasing the chances for school success.

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More than 2,500 children received preventative medical care from a family doctor.

More than 4,500 children were provided free preventive oral care including exams and education.

More than 10,000 dental services were provided to families at no cost, contributing to overall health and wellness.

Programs

-School-based, community-based healthcare clinics

-Immunizations or Well Clinics (Immunization initiative)

-Brush at Lunch Dental Programs (Classroom)

Financial Stability Partnership - To help all individuals and families work towards the goals of financial self-sufficiency through education, support and training.

United Way is increasing the financial success of hardworking individuals and families by empowering them to build a better life through economic independence for themselves and their children. United Way helps people find employment, learn money management and get the most from their earnings so they can build for a stable future. The following initiatives and projects help families and individuals build the foundation for a safe and stable life.

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Financial stability programs include:

-Earn It Keep It Save It: Each year, Clark and Nye County residents miss out on thousands of dollars by not claiming critical tax credits on their Federal Tax Return. One such credit is the Earned Income Tax Credit. Others lose much of their return to high commercial preparation fees. United Way of Southern Nevada collaborates with community partners to provide both free tax preparation and free tax assistance. These much needed funds can be the first step on the road to financial stability by providing needed relief in household budgets for food, shelter and savings.

-Financial Literacy: Financial education programs for students and parents to help them achieve financial stability. Classes are offered through both the Clark County School District and the United Way of Southern Nevada.

The 2013-2014 accomplishments include:

7,745 individuals utilized free volunteer income tax assistance, receiving \$5.8 million in tax credits and \$10.5 million in tax refunds.

6,853 students and 55 parents received financial education training.

Programs

Name of the organization

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-Earn It Keep It Save It

-Financial Literacy in the Classroom

-Bracken Piggy Bank

-Teach Children to Save

-Get Smart About Credit

-MoneySmart for Young Adults

Form 990, Part III, Line 4c - Third Accomplishment

United Way's Community Engagement Team actively engages community members to work hand-in-hand with nonprofit organizations to foster a strong and vibrant southern Nevada. United Way helped inspire, equip and mobilize people to change lives through national service.

The 2013-14 volunteer accomplishments include:

-5,333 volunteer opportunities were offered through

www.volunteercentersn.org.

-9,196 individuals participated in quality managed service projects.

-94,514 hours of service from national service members contributed to area nonprofit and community-based organizations.

AmeriCorps

During the 2013-2014 fiscal year, United Way managed 89 AmeriCorps members providing increased operational capacity to 22 local nonprofit organizations. Approximately 71,614 hours were served by those members.

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These members serve to build capacity at their organizations.

United Way received a federal grant for \$531,975.00 and provided general funding of \$394,808.29 to expand the community-wide AmeriCorps program. In addition, the Organization received an AmeriCorps VISTA grant to support 18 VISTA members at 16 different local, accredited agency partners.

In addition, the 2013-2014 accomplishments include:

-15,818 duplicated students received academic support through in class tutoring, mentoring, and referral of resources, college awareness, and FASFA training. 3,501 students reported an increased knowledge of college awareness.

-7,473 bags of food delivered/packed for weekly distribution to 150 elementary students in Pahrump, Nevada.

-3,973 children received member support in the areas of; homework help, mentoring, sport activities to prevent childhood obesity, and educational activities (H5). 1,380 youth reported an increase of time spent daily participating in physical activities.

Nevada 2-1-1

2-1-1 is an easy to remember, three-digit number that connects people in need with essential health and human services seven days a week. Planning and development was made possible through funding from United Way of Southern Nevada and the State of Nevada. Since inception of 2006, more than 637,914 callers have received information and referrals from a 2-1-1 operator.

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Kids & Cops

This program fosters positive relationships between youth and law enforcement by distributing McDonalds® and Walmart® vouchers to children, 18 years of age and under, in need of immediate assistance. Southern Nevada law enforcement, valley-wide, assisted more than 100 youth during the 2013-2014 fiscal year.

In addition, the Organization's staff supports several local programs including Help Hope Home and Cox Charities.

Assistance to Military Families Fund: Ensures the basic needs of deployed Reserve and National Guard member's families are met; in addition to assisting with access to local health and human services programs.

Form 990, Part III, Line 4d - All Other Accomplishment

United Way acts as the fiscal agent for programs aligned with its mission including a grant from AmeriCorps and a VITA (Volunteer Income Tax Assistance) grant from the IRS.

United Way also acts as the secretariat for \$1.1 million in funding from the Emergency Food and Shelter Program. United Way receives an administrative fee for these services. The 2014 Immediate Needs and Emergency Food and Shelter Program funding combined have provided more than \$2.5 million for our community's most vulnerable population.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters

They are required to follow identical procedures for United Way of

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Southern Nevada.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The complete IRS Form 990 is reviewed by the audit committee and then presented to the full board of directors for approval before the return is filed. The Form 990 is made available to the board of directors through an email prior to the board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual disclosure reports.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

There is a compensation committee that reviews salary and incentive compensation and makes recommendations to the Executive Committee.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Organization's annual audited financial statements and Tax Form 990's are available to the public through the website at uwsn.org.

Overhead Calculation

United Way is required by United Way Worldwide to calculate the overhead ratio using the following formula:

Core Form, Part IX, Line 25, Column C (M&G Exp.) + Column D (Functional Exp.)

Divided by:

Core Form, Part VIII, Line 12, Column A (Total Revenue)

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Underneath everything we are, underneath everything we do, we are all people.

CONNECTED, INTERDEPENDENT, UNITED.

And when we reach out a hand to one, we influence the condition of all. That's what it means to Live United.

We are part of the movement to create change. We are a whole that is truly greater than the sum of the parts. We are building something greater than ourselves. Person by person, we can make lasting change. Together, we are making lasting change. Together, We Live United.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

| | |
|--------------------|---------------|
| Donor designations | \$ -4,017,157 |
| Donor designations | \$ 4,017,157 |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. See separate instructions.
 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) AmeriCorps VISTA Program 5830 W Flamingo Rd 90-0808022 Las Vegas NV 89130 | VISTA prog | NV | 242,551 | | United Way |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispro- portionate alloc.? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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

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

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|----------------------------|-------------------------|--------------------|------|----------|-------------|-------|-------------------|-----|------|------|-------|---------|
| Other Depreciation: | | | | | | | | | | | | |
| 5 | TV/VCR Display Board | 1/01/89 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 6 | Furniture and Equipment | 1/01/91 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 8 | Office Cabinets | 1/01/92 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 10 | Building | 1/01/91 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 12 | Land | 12/31/90 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 16 | Fax Machine | 4/26/95 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 20 | Computer Equipment | 12/31/95 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 21 | Computer Equipment | 12/31/95 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 22 | Computer Equipment | 12/31/95 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 23 | Computer Equipment | 12/31/95 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 25 | Printers | 2/09/96 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 27 | In Focus Projector | 6/27/96 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 36 | Computer | 12/04/96 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 37 | Computers (2) | 1/04/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 38 | IMS Foxpro-Software | 6/30/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 39 | Network Fileserver | 6/30/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 40 | Laser jet Printer | 8/13/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 41 | Vision Link System | 8/25/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 42 | Digital CPU System | 8/28/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 43 | Com Ethernet Card | 8/27/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 44 | Com Ethernet Card | 8/27/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 45 | Com Ethernet Card | 8/27/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 46 | HP551 Laserjet Printer | 8/31/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 47 | HP 166/MMX 32 | 9/12/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 49 | Checkwriting Software | 10/06/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 50 | 16 MB Computer System | 10/29/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 51 | Software | 10/29/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 52 | Exchange Server | 11/24/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 53 | Printer Server | 12/10/97 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 54 | P-233 Computer System | 1/29/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 57 | Phone Equipment | 2/25/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 58 | Pentium 200 MHZ | 3/13/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 59 | Digital Camera | 5/13/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 60 | Norstar Telephones | 6/10/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 61 | Omnibook | 6/10/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 62 | HP5700 Laptop #1 | 6/25/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 63 | HP5700 Laptop #2 | 6/25/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 64 | HP5700 Laptop #3 | 6/25/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 65 | HP5700 Laptop #4 | 6/25/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 67 | Acceleport 16EM-IS | 6/26/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 68 | Color Monitor #1 | 6/26/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 69 | Color Monitor #2 | 6/26/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 70 | CDW LAN Switch | 8/12/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 71 | Mellissa Computer | 9/16/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 72 | Mcafee Software | 9/24/98 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 73 | Don's CPU | 1/12/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 74 | APP Server | 1/27/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 75 | Deborah's CPU | 2/24/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 76 | 7 Computers | 3/08/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 77 | Rainbow Software | 3/26/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 78 | Memory Chips | 3/26/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 79 | Rainbow | 5/14/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 80 | Vol Center CPU | 5/20/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 81 | 2300 Server | 5/26/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 82 | Dell 1300 Server | 6/28/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 83 | Projector-Westek | 6/30/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 84 | Intel Pentium Computer | 8/19/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 85 | NT Terminal Server | 8/31/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 86 | Ethernet Switch | 8/31/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 87 | Lateral File Cabinet | 9/17/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 88 | Microsoft Software | 12/27/99 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 89 | Ethernet Hub | 1/04/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 90 | NT Terminal Software | 1/25/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 91 | Hard Drives | 2/04/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 92 | Sony Laptop | 3/07/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 93 | Computer Station | 3/27/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 94 | Desk & Credenza | 4/19/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |
| 95 | Telephones | 6/13/00 | 0 | | | | | 0 | 0 | HY | 0 | 0 |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|-------|-----------------------------------|--------------------|------|----------|------------|-------|-------------------|-----|------|------|-------|---------|
| 96 | Steel Racks | 6/19/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 97 | Printer | 6/27/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 98 | Computer Systems | 6/28/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 99 | Monitors | 6/29/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 100 | Cabinets | 6/29/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 101 | Furniture | 6/30/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 102 | Security Lights | 4/11/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 103 | Tile | 6/13/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 104 | Carpet Upstairs | 6/13/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 105 | Parking Lot Improvements | 6/13/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 106 | Carpet Downstairs | 3/27/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 107 | Dell Poweredge 2450 server | 8/29/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 108 | Battery Backup-server | 10/13/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 109 | Computer and monitor | 10/13/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 110 | Printer | 10/24/00 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 111 | MIP Direct Deposit Module | 3/27/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 112 | 3 Com Superstack Rackmount Switch | 6/12/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 113 | Air Conditioning Unit | 6/27/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 114 | Laser Printer | 6/27/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 115 | United eWay Software | 1/24/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 116 | Dell Computers | 7/24/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 117 | Thermosate | 8/24/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 118 | Printer | 12/11/01 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 119 | Printer | 3/28/02 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 120 | Computer | 6/30/03 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 121 | Dell Computers | 1/16/03 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 122 | Dell Computers | 8/02/02 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 123 | Computer | 9/12/02 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 124 | Casada Software | 10/14/02 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 125 | Computer | 12/19/02 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 126 | United Way | 1/13/03 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 127 | Equipment | 6/30/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 128 | Rack mount smart UPS units (6) | 10/11/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 129 | Power Edge 2850 | 11/07/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 130 | Battery Back-up for Computers | 10/25/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 131 | Office Construction | 12/29/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 132 | Remodel & Repaint Offices | 2/07/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 133 | Desk & Bookcases | 6/29/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 134 | Nevada Child Care Equipment | 1/26/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 135 | APC Battery Back-up | 10/25/04 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 136 | NCC Computer | 1/12/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 137 | NCC Computer | 1/13/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 138 | NCC Computer Power Edge | 1/11/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 139 | NCC Computer | 1/17/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 140 | Server Rack Materials-hardware | 1/07/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 141 | Laptop Computer | 6/28/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 142 | Roofing repair / sealing | 4/30/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 143 | Computer | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 144 | Computer | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 145 | Computer | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 146 | Server | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 147 | Server | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 148 | Axium | 8/16/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 149 | Printer | 7/06/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 150 | Replacement Batteries | 8/19/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 151 | Server Racks | 9/06/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 152 | Power Switch | 10/18/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 153 | Air Card | 11/14/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 154 | Software | 11/14/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 155 | Ceiling Tiles | 1/22/06 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 156 | Battery Packs | 6/20/06 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 157 | Laptop Computer | 8/31/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 158 | Laptop Computer | 9/10/05 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 159 | Servers | 4/15/06 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 160 | Software | 4/03/06 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 161 | Computer equipment | 6/30/06 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 162 | 2009 Assets | 2/28/09 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 163 | 2008 and prior | 6/30/08 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 164 | 2010 Assets - Bldg | 6/11/10 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 165 | 2010 Assets - Equipment | 1/01/10 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 166 | Building additions | 7/01/10 | 0 | | | | 0 | 0 | HY | | 0 | 0 |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|-------|--|--------------------|------|----------|------------------|-------------------|---------------|-------|---------|
| 167 | New Assets | 7/01/10 | 0 | | | 0 | 0 HY | 0 | 0 |
| | Total Other Depreciation | | 0 | | | 0 | | 0 | 0 |
| | Total ACRS and Other Depreciation | | 0 | | | 0 | | 0 | 0 |
| | Grand Totals | | 0 | | | 0 | | 0 | 0 |
| | Less: Dispositions and Transfers | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | 0 | | | 0 | | 0 | 0 |

Depreciation Adjustment Report

All Business Activities

| <u>Form</u> | <u>Unit</u> | <u>Asset</u> | <u>Description</u> | <u>Tax</u> | <u>AMT</u> | <u>AMT Adjustments/ Preferences</u> |
|-------------|-------------|--------------|--------------------|------------|------------|---|
|-------------|-------------|--------------|--------------------|------------|------------|---|

There are no assets that meet the criteria of this report

| Asset | Description | Date In Service | Cost | Tax | AMT |
|----------------------------|-------------------------|-----------------|------|-----|-----|
| Other Depreciation: | | | | | |
| 5 | TV/VCR Display Board | 1/01/89 | 0 | 0 | 0 |
| 6 | Furniture and Equipment | 1/01/91 | 0 | 0 | 0 |
| 8 | Office Cabinets | 1/01/92 | 0 | 0 | 0 |
| 10 | Building | 1/01/91 | 0 | 0 | 0 |
| 12 | Land | 12/31/90 | 0 | 0 | 0 |
| 16 | Fax Machine | 4/26/95 | 0 | 0 | 0 |
| 20 | Computer Equipment | 12/31/95 | 0 | 0 | 0 |
| 21 | Computer Equipment | 12/31/95 | 0 | 0 | 0 |
| 22 | Computer Equipment | 12/31/95 | 0 | 0 | 0 |
| 23 | Computer Equipment | 12/31/95 | 0 | 0 | 0 |
| 25 | Printers | 2/09/96 | 0 | 0 | 0 |
| 27 | In Focus Projector | 6/27/96 | 0 | 0 | 0 |
| 36 | Computer | 12/04/96 | 0 | 0 | 0 |
| 37 | Computers (2) | 1/04/97 | 0 | 0 | 0 |
| 38 | IMS Foxpro-Software | 6/30/97 | 0 | 0 | 0 |
| 39 | Network Fileserver | 6/30/97 | 0 | 0 | 0 |
| 40 | Laser jet Printer | 8/13/97 | 0 | 0 | 0 |
| 41 | Vision Link System | 8/25/97 | 0 | 0 | 0 |
| 42 | Digital CPU System | 8/28/97 | 0 | 0 | 0 |
| 43 | Com Ethernet Card | 8/27/97 | 0 | 0 | 0 |
| 44 | Com Ethernet Card | 8/27/97 | 0 | 0 | 0 |
| 45 | Com Ethernet Card | 8/27/97 | 0 | 0 | 0 |
| 46 | HP551 Laserjet Printer | 8/31/97 | 0 | 0 | 0 |
| 47 | HP 166/MMX 32 | 9/12/97 | 0 | 0 | 0 |
| 49 | Checkwriting Software | 10/06/97 | 0 | 0 | 0 |
| 50 | 16 MB Computer System | 10/29/97 | 0 | 0 | 0 |
| 51 | Software | 10/29/97 | 0 | 0 | 0 |
| 52 | Exchange Server | 11/24/97 | 0 | 0 | 0 |
| 53 | Printer Server | 12/10/97 | 0 | 0 | 0 |
| 54 | P-233 Computer System | 1/29/98 | 0 | 0 | 0 |
| 57 | Phone Equipment | 2/25/98 | 0 | 0 | 0 |
| 58 | Pentium 200 MHZ | 3/13/98 | 0 | 0 | 0 |
| 59 | Digital Camera | 5/13/98 | 0 | 0 | 0 |
| 60 | Norstar Telephones | 6/10/98 | 0 | 0 | 0 |
| 61 | Omnibook | 6/10/98 | 0 | 0 | 0 |
| 62 | HP5700 Laptop #1 | 6/25/98 | 0 | 0 | 0 |
| 63 | HP5700 Laptop #2 | 6/25/98 | 0 | 0 | 0 |
| 64 | HP5700 Laptop #3 | 6/25/98 | 0 | 0 | 0 |
| 65 | HP5700 Laptop #4 | 6/25/98 | 0 | 0 | 0 |
| 67 | Acceleport 16EM-IS | 6/26/98 | 0 | 0 | 0 |
| 68 | Color Monitor #1 | 6/26/98 | 0 | 0 | 0 |
| 69 | Color Monitor #2 | 6/26/98 | 0 | 0 | 0 |
| 70 | CDW LAN Switch | 8/12/98 | 0 | 0 | 0 |
| 71 | Mellissa Computer | 9/16/98 | 0 | 0 | 0 |
| 72 | Mcafee Software | 9/24/98 | 0 | 0 | 0 |
| 73 | Don's CPU | 1/12/99 | 0 | 0 | 0 |
| 74 | APP Server | 1/27/99 | 0 | 0 | 0 |
| 75 | Deborah's CPU | 2/24/99 | 0 | 0 | 0 |
| 76 | 7 Computers | 3/08/99 | 0 | 0 | 0 |
| 77 | Rainbow Software | 3/26/99 | 0 | 0 | 0 |
| 78 | Memory Chips | 3/26/99 | 0 | 0 | 0 |
| 79 | Rainbow | 5/14/99 | 0 | 0 | 0 |
| 80 | Vol Center CPU | 5/20/99 | 0 | 0 | 0 |
| 81 | 2300 Server | 5/26/99 | 0 | 0 | 0 |
| 82 | Dell 1300 Server | 6/28/99 | 0 | 0 | 0 |
| 83 | Projector-Westek | 6/30/99 | 0 | 0 | 0 |
| 84 | Intel Pentium Computer | 8/19/99 | 0 | 0 | 0 |
| 85 | NT Terminal Server | 8/31/99 | 0 | 0 | 0 |
| 86 | Ethernet Switch | 8/31/99 | 0 | 0 | 0 |
| 87 | Lateral File Cabinet | 9/17/99 | 0 | 0 | 0 |
| 88 | Microsoft Software | 12/27/99 | 0 | 0 | 0 |
| 89 | Ethernet Hub | 1/04/00 | 0 | 0 | 0 |
| 90 | NT Terminal Software | 1/25/00 | 0 | 0 | 0 |
| 91 | Hard Drives | 2/04/00 | 0 | 0 | 0 |
| 92 | Sony Laptop | 3/07/00 | 0 | 0 | 0 |
| 93 | Computer Station | 3/27/00 | 0 | 0 | 0 |
| 94 | Desk & Credenza | 4/19/00 | 0 | 0 | 0 |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|-------|-----------------------------------|-----------------|------|-----|-----|
| 95 | Telephones | 6/13/00 | 0 | 0 | 0 |
| 96 | Steel Racks | 6/19/00 | 0 | 0 | 0 |
| 97 | Printer | 6/27/00 | 0 | 0 | 0 |
| 98 | Computer Systems | 6/28/00 | 0 | 0 | 0 |
| 99 | Monitors | 6/29/00 | 0 | 0 | 0 |
| 100 | Cabinets | 6/29/00 | 0 | 0 | 0 |
| 101 | Furniture | 6/30/00 | 0 | 0 | 0 |
| 102 | Security Lights | 4/11/00 | 0 | 0 | 0 |
| 103 | Tile | 6/13/00 | 0 | 0 | 0 |
| 104 | Carpet Upstairs | 6/13/00 | 0 | 0 | 0 |
| 105 | Parking Lot Improvements | 6/13/00 | 0 | 0 | 0 |
| 106 | Carpet Downstairs | 3/27/00 | 0 | 0 | 0 |
| 107 | Dell Poweredge 2450 server | 8/29/00 | 0 | 0 | 0 |
| 108 | Battery Backup-server | 10/13/00 | 0 | 0 | 0 |
| 109 | Computer and monitor | 10/13/00 | 0 | 0 | 0 |
| 110 | Printer | 10/24/00 | 0 | 0 | 0 |
| 111 | MIP Direct Deposit Module | 3/27/01 | 0 | 0 | 0 |
| 112 | 3 Com Superstack Rackmount Switch | 6/12/01 | 0 | 0 | 0 |
| 113 | Air Conditioning Unit | 6/27/01 | 0 | 0 | 0 |
| 114 | Laser Printer | 6/27/01 | 0 | 0 | 0 |
| 115 | United eWay Software | 1/24/01 | 0 | 0 | 0 |
| 116 | Dell Computers | 7/24/01 | 0 | 0 | 0 |
| 117 | Thermosate | 8/24/01 | 0 | 0 | 0 |
| 118 | Printer | 12/11/01 | 0 | 0 | 0 |
| 119 | Printer | 3/28/02 | 0 | 0 | 0 |
| 120 | Computer | 6/30/03 | 0 | 0 | 0 |
| 121 | Dell Computers | 1/16/03 | 0 | 0 | 0 |
| 122 | Dell Computers | 8/02/02 | 0 | 0 | 0 |
| 123 | Computer | 9/12/02 | 0 | 0 | 0 |
| 124 | Casada Software | 10/14/02 | 0 | 0 | 0 |
| 125 | Computer | 12/19/02 | 0 | 0 | 0 |
| 126 | United Way | 1/13/03 | 0 | 0 | 0 |
| 127 | Equipment | 6/30/04 | 0 | 0 | 0 |
| 128 | Rack mount smart UPS units (6) | 10/11/04 | 0 | 0 | 0 |
| 129 | Power Edge 2850 | 11/07/04 | 0 | 0 | 0 |
| 130 | Battery Back-up for Computers | 10/25/04 | 0 | 0 | 0 |
| 131 | Office Construction | 12/29/04 | 0 | 0 | 0 |
| 132 | Remodel & Repaint Offices | 2/07/05 | 0 | 0 | 0 |
| 133 | Desk & Bookcases | 6/29/05 | 0 | 0 | 0 |
| 134 | Nevada Child Care Equipment | 1/26/05 | 0 | 0 | 0 |
| 135 | APC Battery Back-up | 10/25/04 | 0 | 0 | 0 |
| 136 | NCC Computer | 1/12/05 | 0 | 0 | 0 |
| 137 | NCC Computer | 1/13/05 | 0 | 0 | 0 |
| 138 | NCC Computer Power Edge | 1/11/05 | 0 | 0 | 0 |
| 139 | NCC Computer | 1/17/05 | 0 | 0 | 0 |
| 140 | Server Rack Materials-hardware | 1/07/05 | 0 | 0 | 0 |
| 141 | Laptop Computer | 6/28/05 | 0 | 0 | 0 |
| 142 | Roofing repair / sealing | 4/30/05 | 0 | 0 | 0 |
| 143 | Computer | 8/16/05 | 0 | 0 | 0 |
| 144 | Computer | 8/16/05 | 0 | 0 | 0 |
| 145 | Computer | 8/16/05 | 0 | 0 | 0 |
| 146 | Server | 8/16/05 | 0 | 0 | 0 |
| 147 | Server | 8/16/05 | 0 | 0 | 0 |
| 148 | Axium | 8/16/05 | 0 | 0 | 0 |
| 149 | Printer | 7/06/05 | 0 | 0 | 0 |
| 150 | Replacement Batteries | 8/19/05 | 0 | 0 | 0 |
| 151 | Server Racks | 9/06/05 | 0 | 0 | 0 |
| 152 | Power Switch | 10/18/05 | 0 | 0 | 0 |
| 153 | Air Card | 11/14/05 | 0 | 0 | 0 |
| 154 | Software | 11/14/05 | 0 | 0 | 0 |
| 155 | Ceiling Tiles | 1/22/06 | 0 | 0 | 0 |
| 156 | Battery Packs | 6/20/06 | 0 | 0 | 0 |
| 157 | Laptop Computer | 8/31/05 | 0 | 0 | 0 |
| 158 | Laptop Computer | 9/10/05 | 0 | 0 | 0 |
| 159 | Servers | 4/15/06 | 0 | 0 | 0 |
| 160 | Software | 4/03/06 | 0 | 0 | 0 |
| 161 | Computer equipment | 6/30/06 | 0 | 0 | 0 |
| 162 | 2009 Assets | 2/28/09 | 0 | 0 | 0 |
| 163 | 2008 and prior | 6/30/08 | 0 | 0 | 0 |
| 164 | 2010 Assets - Bldg | 6/11/10 | 0 | 0 | 0 |
| 165 | 2010 Assets - Equipment | 1/01/10 | 0 | 0 | 0 |

Future Depreciation Report **FYE: 6/30/15****Form 990, Page 1**

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>Tax</u> | <u>AMT</u> |
|--------------|--|------------------------|-------------|------------|------------|
| 166 | Building additions | 7/01/10 | 0 | 0 | 0 |
| 167 | New Assets | 7/01/10 | 0 | 0 | 0 |
| | Total Other Depreciation | | <u>0</u> | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>0</u> | <u>0</u> | <u>0</u> |
| | Grand Totals | | <u>0</u> | <u>0</u> | <u>0</u> |

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2012 & 2013 |
| For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14 | | |

Name _____ Taxpayer Identification Number _____

United Way of Southern Nevada

88-0071328

| | | 2012 | 2013 | Differences |
|--------------------------|--|----------------|------------|-------------|
| Revenue | 1. Contributions, gifts, grants | 1. 10,540,324 | 9,349,760 | -1,190,564 |
| | 2. Membership dues and assessments | 2. | | |
| | 3. Government contributions and grants | 3. | | |
| | 4. Program service revenue | 4. 19,952,528 | 11,580,529 | -8,371,999 |
| | 5. Investment income | 5. 45,723 | 46,331 | 608 |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. 150,926 | 126,987 | -23,939 |
| | 8. Net income or (loss) from fundraising events | 8. | | |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. 40,535 | | -40,535 |
| | 12. Total revenue. Add lines 1 through 11 | 12. 30,730,036 | 21,103,607 | -9,626,429 |
| Expenses | 13. Grants and similar amounts paid | 13. 8,033,628 | 5,587,731 | -2,445,897 |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. 408,839 | 367,310 | -41,529 |
| | 16. Salaries, other compensation, and employee benefits | 16. 3,958,803 | 3,990,230 | 31,427 |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. 562,047 | 432,284 | -129,763 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. 113,849 | 80,813 | -33,036 |
| | 20. Depreciation and Depletion | 20. 131,243 | 129,221 | -2,022 |
| | 21. Other expenses | 21. 18,092,705 | 11,052,151 | -7,040,554 |
| | 22. Total expenses. Add lines 13 through 21 | 22. 31,301,114 | 21,639,740 | -9,661,374 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. -571,078 | -536,133 | 34,945 |
| Other Information | 24. Total exempt revenue | 24. 30,730,036 | 21,103,607 | -9,626,429 |
| | 25. Total unrelated revenue | 25. | | |
| | 26. Total excludable revenue | 26. 30,730,036 | 21,103,607 | -9,626,429 |
| | 27. Total assets | 27. 9,467,304 | 9,001,110 | -466,194 |
| | 28. Total liabilities | 28. 4,996,723 | 4,961,579 | -35,144 |
| | 29. Retained earnings | 29. 4,470,581 | 4,039,531 | -431,050 |
| | 30. Number of voting members of governing body | 30. 36 | 34 | |
| | 31. Number of independent voting members of governing body | 31. 36 | 34 | |
| | 32. Number of employees | 32. 95 | 61 | |
| | 33. Number of volunteers | 33. 8001 | 9196 | |

| | | |
|--|-----------------------------------|------------------------|
| Form 990T | Two Year Comparison Report | 2012 & 2013 |
| For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14 | | |

Name _____ Taxpayer Identification Number _____

United Way of Southern Nevada

88-0071328

| | | 2012 | 2013 | Differences | |
|---|--|---|---------------|---------------|--|
| Revenue | 1. Gross profit/loss on business activities | 1. | | | |
| | 2. Capital gains/losses | 2. | | | |
| | 3. Income/loss from partnerships and S corporations | 3. | | | |
| | 4. Rental income (net of expense) | 4. | | | |
| | 5. Unrelated debt-financed income (net of expense) | 5. | | | |
| | 6. Interest, and other income from controlled organizations (net of expense) | 6. | | | |
| | 7. Investment income of specific organizations (net of expense) | 7. | | | |
| | 8. Exploited exempt activity income (net of expense) | 8. | | | |
| | 9. Advertising income (net of expense) | 9. | | | |
| | 10. Other income | 10. | | | |
| | 11. Total trade or business income. Combine lines 1 through 10 | 11. | | | |
| Expenses | 12. Compensation of officers, directors, and trustees | 12. | | | |
| | 13. Other salaries and wages | 13. | | | |
| | 14. Repairs and maintenance | 14. | | | |
| | 15. Bad debts | 15. | | | |
| | 16. Interest | 16. | | | |
| | 17. Taxes and licenses | 17. | | | |
| | 18. Charitable contributions | 18. | | | |
| | 19. Depreciation and Depletion | 19. | | | |
| | 20. Contributions to deferred compensation plans | 20. | | | |
| | 21. Employee benefit programs | 21. | | | |
| | 22. Other deductions | 22. | | | |
| | 23. Total deductions. Add lines 12 through 22 | 23. | | | |
| | 24. Taxable income before NOL. Subtract line 23 from 11 | 24. | | | |
| | 25. Net operating loss deduction | 25. | | | |
| | 26. Specific deduction | 26. | 1,000 | 1,000 | |
| | 27. Unrelated business taxable income. | 27. | -1,000 | -1,000 | |
| | Tax & Credits | 28. Income tax (corporate or trust) | 28. | | |
| 29. Proxy tax | | 29. | | | |
| 30. Alternative minimum tax | | 30. | | | |
| 31. Total taxes | | 31. | | | |
| 32. Other credits | | 32. | | | |
| 33. General business credit | | 33. | | | |
| 34. Credit for prior year minimum tax | | 34. | | | |
| 35. Total credits | | 35. | | | |
| 36. Net tax after credits | | 36. | | | |
| 37. Recapture taxes | | 37. | | | |
| 38. Total Taxes | | 38. | | | |
| Due/Refund | 39. Prior year overpayment and estimated tax payments | 39. | | | |
| | 40. Payment made with extension | 40. | | | |
| | 41. Backup withholding and foreign withholding | 41. | | | |
| | 42. Other payments | 42. | | | |
| | 43. Total payments | 43. | | | |
| | 44. Balance due/(Overpayment) | 44. | | | |
| | 45. Overpayment applied to next year | 45. | | | |
| | 46. Penalties | 46. | | | |
| | 47. Total due/(Refund) | 47. | | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2013 |
|-----------------|---------------------------|-------------|

| | |
|--|---|
| Name United Way of Southern Nevada | Employer Identification Number 88-0071328 |
|--|---|

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|------|------|------|------------|------------|------|
| Contributions, gifts, grants | | | | 10,540,324 | 9,349,760 | |
| Membership dues | | | | | | |
| Program service revenue | | | | 19,952,528 | 11,580,529 | |
| Capital gain or loss | | | | 150,926 | 126,987 | |
| Investment income | | | | 45,723 | 46,331 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | 40,535 | | |
| Total revenue | | | | 30,730,036 | 21,103,607 | |
| Grants and similar amounts paid | | | | 8,033,628 | 5,587,731 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | 408,839 | 367,310 | |
| Other compensation | | | | 4,086,827 | 3,990,230 | |
| Professional fees | | | | | 432,284 | |
| Occupancy costs | | | | 113,849 | 80,813 | |
| Depreciation and depletion | | | | 131,243 | 129,221 | |
| Other expenses | | | | 18,654,752 | 11,052,151 | |
| Total expenses | | | | 31,429,138 | 21,639,740 | |
| Excess or (Deficit) | | | | -699,102 | -536,133 | |
| Total exempt revenue | | | | 30,730,036 | 21,103,607 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | | | 30,730,036 | 21,103,607 | |
| Total Assets | | | | 9,467,304 | 9,001,110 | |
| Total Liabilities | | | | 4,996,723 | 4,961,579 | |
| Net Fund Balances | | | | 4,470,581 | 4,039,531 | |

| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2013 |
|------------------|---------------------------|-------------|

| | |
|--|---|
| Name United Way of Southern Nevada | Employer Identification Number 88-0071328 |
|--|---|

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|------|------|------|
| Business activity profit/loss | | | | | | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | | | | | | |
| Rental income* | | | | | | |
| Debt-financed income* | | | | | | |
| Controlled organizations income/interest* | | | | | | |
| Investment income, specific organizations* | | | | | | |
| Exploited exempt activity income* | | | | | | |
| Other income | | | | | | |
| Total trade or business income. | | | | | | |
| Compensation of officers, ect. | | | | | | |
| Other salaries and wages | | | | | | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | | | | | | |
| Charitable contributions | | | | | | |
| Depreciation and Depletion | | | | | | |
| Deferred compensation plans | | | | | | |
| Employee benefit programs | | | | | | |

| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2013 |
|------------------|---------------------------|-------------|

| | |
|--|---|
| Name United Way of Southern Nevada | Employer Identification Number 88-0071328 |
|--|---|

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|---------------|---------------|------|
| Other deductions | | | | | | |
| Net operating loss deduction | | | | | | |
| Specific deduction | | | | 1,000 | 1,000 | |
| Income after expense and deductions | | | | -1,000 | -1,000 | |
| Income tax (corporate or trust) | | | | | | |
| Other taxes | | | | | | |
| Total taxes | | | | | | |
| General business credit | | | | | | |
| Other credits | | | | | | |
| Net tax after credits | | | | | | |
| Estimated tax payments | | | | | | |
| Other payments | | | | | | |
| Balance due/Overpayment | | | | | | |

* Income shown net of expenses

Federal Statements

Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business Code</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|------------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Interest Income | \$ 46,331 | | 14 | | | |
| Total | <u>\$ 46,331</u> | | | | | |

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|---------------------|-----------------------|------------------------|---------------------------------|---------------------|
| Consultants | \$ 322,643 | \$ 250,868 | \$ 8,814 | \$ 62,961 |
| Payroll service fee | 40,347 | 20,934 | 5,944 | 13,469 |
| Total | <u>\$ 362,990</u> | <u>\$ 271,802</u> | <u>\$ 14,758</u> | <u>\$ 76,430</u> |

Form 990, Part IX, Line 24e - All Other Expenses

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|--------------------|-----------------------|------------------------|---------------------------------|---------------------|
| Community events | \$ 11,673 | \$ 11,673 | \$ | \$ |
| Total | <u>\$ 11,673</u> | <u>\$ 11,673</u> | <u>\$ 0</u> | <u>\$ 0</u> |

Federal Statements

Schedule A, Part II, Line 1(e)

| <u>Description</u> | <u>Amount</u> |
|-----------------------|---------------------|
| Contributions in misc | \$ 3,786 |
| Contributions | 9,093,020 |
| Victor Chaltiel | |
| Cash Contribution | 227,801 |
| Special Events | |
| Cash Contribution | 25,153 |
| Total | <u>\$ 9,349,760</u> |

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|----------------------|---------------------|---------------------|
| Victor Chaltiel | \$ 1,225,301 | \$ 128,199 |
| The Lincy Foundation | 3,000,000 | 1,902,898 |
| Abbie Friedman | 778,545 | |
| Windsong Trust | 1,170,000 | 72,898 |
| Steve Wynn | 3,000,000 | 1,902,898 |
| Stephen Cloobek | 100,000 | |
| Total | <u>\$ 9,273,846</u> | <u>\$ 4,006,893</u> |

Federal Statements

Schedule A, Part II, Line 8(e)

| <u>Description</u> | <u>Amount</u> |
|-----------------------------|------------------|
| Interest Income | \$ 46,331 |
| Rental of Flamingo Building | |
| Total | <u>\$ 46,331</u> |

Schedule A, Part II, Line 12

| <u>Description</u> | <u>Amount</u> |
|----------------------|----------------------|
| Fiscal Agent revenue | \$ 11,516,414 |
| Misc fees | 47,068 |
| Admin fees | 17,047 |
| Special Events | <u>15,323</u> |
| Total | <u>\$ 11,595,852</u> |

Federal Statements

Special Events

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|-----------------|
| Supplies | \$ 6,025 |
| Total | \$ <u>6,025</u> |