

Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning **07/01/14** , and ending **06/30/15**

88-0071328

United Way of Southern Nevada, Inc.

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

Revenue

Contributions	<u>7,777,806</u>	
Program service revenue	<u>2,034,173</u>	
Investment income	<u>3,439</u>	
Capital gain / loss	<u>80</u>	
Fundraising / Gaming:		
Gross revenue	<u>27,196</u>	
Direct expenses	<u>27,196</u>	
Net income	<u>0</u>	
Other income	<u>0</u>	

9,815,498

Expenses

Program services	<u>6,970,204</u>	
Management and general	<u>934,524</u>	
Fundraising	<u>1,799,286</u>	

9,704,014

Total expenses

Excess / (deficit)

111,484

Changes

554

Net Asset / Fund Balance at End of Year

4,151,569

Reconciliation of Revenue

Total revenue per financial statements	<u>7,034,756</u>	
Less:		
Unrealized gains	<u>554</u>	
Donated services	<u>123,647</u>	
Recoveries	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>1,030</u>	
Other	<u>2,903,913</u>	
Total revenue per return	<u>9,815,498</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>6,922,718</u>	
Less:		
Donated services	<u>123,647</u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>1,030</u>	
Other	<u>2,903,913</u>	
Total expenses per return	<u>9,704,014</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>9,001,110</u>	<u>8,901,949</u>	
Liabilities	<u>4,961,579</u>	<u>4,750,380</u>	
Net assets	<u>4,039,531</u>	<u>4,151,569</u>	<u>112,038</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/16
 Failure to file penalty _____

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

February 25, 2016

CONFIDENTIAL

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

Dear Bob:

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 6/30/15 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

Department of the Treasury
Internal Revenue ServiceFor calendar year 2014, or fiscal year beginning 7/01 2014, and ending 6/30 2015.**Do not send to the IRS. Keep for your records.****Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2014**

Name of exempt organization

United Way of Southern Nevada, Inc.

Employer identification number

88-0071328

Name and title of officer

**Bob Morgan
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	9,815,498
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 2014 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 **83315** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 2014 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 } **02/15/16****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.

88517310041

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 } **02/15/16****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** (2014)

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

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
United Way of Southern Nevada, Inc.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5830 W. Flamingo Road
 City or town, state or province, country, and ZIP or foreign postal code
Las Vegas NV 89103

D Employer identification number
88-0071328

E Telephone number
702-734-2273

G Gross receipts \$ **9,842,694**

F Name and address of principal officer:
Bob Morgan
5830 W. Flamingo Road
Las Vegas NV 89103

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **www.uwsn.org**

K Form of organization: Corporation Trust Association Other **U**

L Year of formation: **1957** **M** State of legal domicile: **NV**

H(c) Group exemption number **U**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	178
	6 Total number of volunteers (estimate if necessary)	6	4447
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,349,760	Current Year 7,777,806
	9 Program service revenue (Part VIII, line 2g)	11,580,529	2,034,173
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,318	3,519
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,103,607	9,815,498
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)		4,357,540	3,795,467
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) U 1,799,286			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		11,694,469	1,584,252
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,639,740	9,704,014	
19 Revenue less expenses. Subtract line 18 from line 12	-536,133	111,484	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,001,110	End of Year 8,901,949
	21 Total liabilities (Part X, line 26)	4,961,579	4,750,380
	22 Net assets or fund balances. Subtract line 21 from line 20	4,039,531	4,151,569

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: **Bob Morgan** 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: **02/25/16** Check if self-employed PTIN: **P00292787**

Firm's name: **Houldsworth, Russo & Company, P.C.** Firm's EIN: **88-0374623**
 Firm's address: **8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839** Phone no.: **702-269-9992**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ **1,729,585** including grants of\$) (Revenue \$ **76,937**)

Mission Achieves is a collective impact model that was born after being awarded a 2-year planning grant from Lumina Foundation to help increase post-secondary degree attainment in southern Nevada. The purpose of this collaborative is to critically examine the educational pipeline between North Las Vegas high schools and local postsecondary institutions. This project includes all high schools within North Las Vegas, which includes Canyon Springs, Cheyenne, Desert Rose, Legacy, Mojave, Rancho, and Delta Academy. Target high schools were selected because they have low high school graduation, college attendance and college graduation rates, in addition to having a large portion of Latino and African American students. Continued on Schedule O.

4b (Code:) (Expenses \$ **4,337,142** including grants of\$ **4,324,295**) (Revenue \$ **1,847,860**)

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 \$ **903,477** including grants of\$) (Revenue \$ **109,376**)

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.

Continued on Schedule O.

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

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

4e Total program service expenses **u 6,970,204**

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		
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		
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>U</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Don Gibe	1.00									
Past Chair	0.00	X		X			0	0	0	
(5) Jim Fuchs	1.00									
Director	0.00	X					0	0	0	
(6) Dean Harrold	1.00									
Director	0.00	X					0	0	0	
(7) Emily Thomas Neilson	1.00									
Board Chair	0.00	X		X			0	0	0	
(8) David Hoenemeyer	1.00									
Director	0.00	X					0	0	0	
(9) Howard B Puterman	1.00									
Director	0.00	X					0	0	0	
(10) Christopher Roman	1.00									
Director	0.00	X					0	0	0	
(11) Kent Larson	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) Steven Larson	1.00									
..... Director	0.00	X					0	0	0	
(13) John Smirk	1.00									
..... Secretary	0.00	X		X			0	0	0	
(14) Robert Young	1.00									
..... Director	0.00	X					0	0	0	
(15) Debra Berko	1.00									
..... Director	0.00	X					0	0	0	
(16) Dean Elyacoubi	1.00									
..... Director	0.00	X					0	0	0	
(17) Pat Skorkowsky	1.00									
..... Director	0.00	X					0	0	0	
(18) Jim Kropid	1.00									
..... Director	0.00	X					0	0	0	
(19) John Wilcox	1.00									
..... Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							765,993		118,325	
d Total (add lines 1b and 1c)							765,993		118,325	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **06**

	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		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	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		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

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

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) Greg Korte	1.00									
Vice Chair	0.00	X		X			0	0	0	
(13) Larry Krause	1.00									
Treasurer	0.00	X		X			0	0	0	
(14) Eric Lloyd	1.00									
Director	0.00	X					0	0	0	
(15) Joe Micatrotto, Jr.	1.00									
Director	0.00	X					0	0	0	
(16) David Uthoff	1.00									
Director	0.00	X					0	0	0	
(17) Michael Bolognini	1.00									
Director	0.00	X					0	0	0	
(18) Chelsie Campbell	1.00									
Director	0.00	X					0	0	0	
(19) Rhonda Clausen	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 of 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) Bill Curran Director	1.00 0.00	X						0	0	0
(13) Stanley Palmer CEO	40.00 0.00			X				196,206	0	30,487
(14) Sabri Ozun CFO	40.00 0.00			X				101,777	0	16,833
(15) Lisa Manning Interim CFO	40.00 0.00			X				3,635	0	0
(16) Jim Raffel Interim CEO	40.00 0.00			X				0	0	0
(17) Vanessa Maniago VP Branding & Mktng	40.00 0.00					X		133,413	0	16,672
(18) Robert Welling VP Resource Develop	40.00 0.00					X		119,375	0	16,864
(19) Terri Janison VP Comm Development	40.00 0.00					X		109,032	0	14,766
1b Sub-total								663,438		95,622
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 of 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) Danylle Hitchens	40.00									
VP Major Gifts	0.00					X	102,555	0	22,703	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							102,555		22,703	
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 of 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 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	3,351				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,774,455				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	U	7,777,806				
Program Service Revenue and Other Similar Amounts	2a Fiscal Agent revenue	Busn. Code 624410	1,957,236	1,957,236			
	b Misc fees	900099	47,717	47,717			
	c Admin fees	900099	29,220	29,220			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	U	2,034,173				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	U	3,439			3,439
4 Income from investment of tax-exempt bond proceeds							
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				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)	80				
		d Net gain or (loss)	U	80	80		
8a Gross income from fundraising events (not including \$3,351 of contributions reported on line 1c). See Part IV, line 18		a	27,196				
		b Less: direct expenses	27,196				
		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	27,196				
		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	80					
	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	9,815,498	2,034,253	0	3,439		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,050,213	3,050,213		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,274,082	1,274,082		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	466,295	23,125	425,045	18,125
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,733,449	1,477,904	167,198	1,088,347
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,733	43,526	4,154	32,053
9 Other employee benefits	238,737	126,299	19,430	93,008
10 Payroll taxes	277,253	132,198	47,703	97,352
11 Fees for services (non-employees):				
a Management				
b Legal	8,102	8,102		
c Accounting	45,704	6,307	39,397	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,030		1,030	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	86,273	40,740	2,769	42,764
12 Advertising and promotion	32,352		256	32,096
13 Office expenses	327,437	90,267	90,603	146,567
14 Information technology				
15 Royalties				
16 Occupancy	79,625	29,606	26,777	23,242
17 Travel	35,239	6,098	869	28,272
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	132,453	19,122	5,107	108,224
20 Interest	62,462	23,111	21,237	18,114
21 Payments to affiliates	96,790	35,812	32,909	28,069
22 Depreciation, depletion, and amortization	118,585	43,632	40,329	34,624
23 Insurance	28,878	10,738	9,711	8,429
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 Education supplies	429,690	429,690		
b Other program supplies	51,134	51,134		
c Community event fees	48,498	48,498		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,704,014	6,970,204	934,524	1,799,286
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1,004,746	1,891,925
	2 Savings and temporary cash investments	91,011	1,256,105
	3 Pledges and grants receivable, net	3,499,845	2,947,990
	4 Accounts receivable, net		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	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		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	74,276	37,956
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,209,333	
	b Less: accumulated depreciation	10b 442,197	10c 2,767,136
	11 Investments—publicly traded securities	1,452,403	837
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,001,110	8,901,949	
Liabilities	17 Accounts payable and accrued expenses	612,873	592,099
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	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		
	23 Secured mortgages and notes payable to unrelated third parties	1,417,321	1,366,724
	24 Unsecured notes and loans payable to unrelated third parties		
	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	2,931,385	2,791,557
	26 Total liabilities. Add lines 17 through 25	4,961,579	4,750,380
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	1,446,131	1,506,287
	28 Temporarily restricted net assets	2,593,400	2,645,282
	29 Permanently restricted net assets		
	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		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	4,039,531	4,151,569	
34 Total liabilities and net assets/fund balances	9,001,110	8,901,949	

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	9,815,498
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,704,014
3	Revenue less expenses. Subtract line 2 from line 1	3	111,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,039,531
5	Net unrealized gains (losses) on investments	5	554
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	4,151,569

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
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

United Way of Southern Nevada, Inc.

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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) U	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,181,708	11,992,022	10,540,324	9,349,760	7,777,806	50,841,620
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	11,181,708	11,992,022	10,540,324	9,349,760	7,777,806	50,841,620
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)						2,592,057
6 Public support. Subtract line 5 from line 4.						48,249,563

Section B. Total Support

Calendar year (or fiscal year beginning in) U	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,181,708	11,992,022	10,540,324	9,349,760	7,777,806	50,841,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,107	190,305	86,258	46,331	3,439	457,440
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						51,299,060
12 Gross receipts from related activities, etc. (see instructions)					12	2,061,369
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 2014 (line 6, column (f) divided by line 11, column (f))	14	94.06 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	91.76 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) \cup	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) \cup	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

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

Schedule of Contributors

OMB No. 1545-0047

2014

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

⌵ 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, Inc.	Employer identification number 88-0071328
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that 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, Inc.** 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: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	\$ 175,491	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.)

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

2014

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Southern Nevada, Inc.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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	172,655	2,135,986
c Leasehold improvements		134,804	35,900	98,904
d Equipment		328,888	233,642	95,246
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 2,767,136

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.) u		

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.) u		

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.) u	

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	1,830,397	
(3) Refundable advances	711,244	
(4) Due to exempt organizations	249,916	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	2,791,557	

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	7,034,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	554	
b	Donated services and use of facilities	2b	123,647	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	124,201
3	Subtract line 2e from line 1		3	6,910,555
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	1,030	
b	Other (Describe in Part XIII.)	4b	2,903,913	
c	Add lines 4a and 4b		4c	2,904,943
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,815,498

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	6,922,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	123,647	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	123,647
3	Subtract line 2e from line 1		3	6,799,071
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	1,030	
b	Other (Describe in Part XIII.)	4b	2,903,913	
c	Add lines 4a and 4b		4c	2,904,943
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,704,014

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

Donor designations \$ 2,903,913

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

Donor designations \$ 2,903,913

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

United Way of Southern Nevada, Inc.

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>Project Dinner</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	30,547			30,547
	2 Less: Contributions	3,351			3,351
	3 Gross income (line 1 minus line 2)	27,196			27,196
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,212			3,212
	7 Food and beverages	858			858
	8 Entertainment	2,543			2,543
	9 Other direct expenses	20,583			20,583
	10 Direct expense summary. Add lines 4 through 9 in column (d)				27,196
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 conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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, Inc.

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 Domestic Organizations and Domestic Governments. 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)	Aid for AIDS of NV 701 Shadow Lane, Ste 170 Las Vegas NV 89106	88-0214593	3	14,165				Charitable
(2)	Alzheimer's Association Desert SW 5190 S Valley View Blv., Ste 101 Las Vegas NV 89118	88-0184031	3	21,685				Charitable
(3)	American Israel Ed Foundation 251 H Street NW Washington DC 20001	52-1623781	3	14,619				Charitable
(4)	American Red Cross, National PO Box 73857 Chicago IL 60673	53-0196605	3	11,525				Charitable
(5)	American Red Cross, Southern NV Cha 1771 E Flamingo Rd., # 206-B Las Vegas NV 89119	88-0059285	3	26,427				Charitable
(6)	Americas Charities Sun Trust Bank-Lockbox #79570 Baltimore MD 21279	54-1517707	3	5,267				Charitable
(7)	Andson Foundation 11920 Southern Highlands Pwy 101 Las Vegas NV 89141	27-1311418	3	29,889				Charitable
(8)	ANIMAL CHARITIES OF AMERICA 1100 Larkspur Landing Circle #340 Larkspur CA 94939	94-3193389	3	26,028				Charitable
(9)	Animal Welfare Fund 125 Washington St, Ste 201 Salem MA 01970	26-0610986	3	14,283				Charitable

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 712
- 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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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)	Anti Defamation League 8965 S. Eastern Ave. Ste 201 Las Vegas NV 89123	13-2887439	3	11,000				Charitable
(2)	Arizona Diamondbacks Foundation 401 E Jefferson St Phoenix AZ 85004	86-0901615	3	6,025				Charitable
(3)	Big Brothers Big Sisters of So. NV 4065 E Post Road Las Vegas NV 89120	51-0136847	3	7,245				Charitable
(4)	Boy Scouts of America (LVAC) 7220 South Paradise Rd. Las Vegas NV 89119	88-0059265	3	29,089				Charitable
(5)	Boys & Girls Clubs of Henderson 6330 S Sandhill Rd, Suite 3 Las Vegas NV 89120	88-0095779	3	10,100				Charitable
(6)	Boys & Girls Clubs of So NV-Las Veg PO Box 26689 Las Vegas NV 89126	88-0093150	3	21,059				Charitable
(7)	CANCERCURE AMERICA 1100 Larkspur Landing Circle #340 Larkspur CA 94939	81-0648432	3	11,780				Charitable
(8)	Candlelighters Childhood Cancer Fou 601 S Rancho Dr., Ste B-11 Las Vegas NV 89106	94-2579116	3	28,024				Charitable
(9)	Catholic Charities of Southern NV 1501 Las Vegas Blvd North Las Vegas NV 89101	88-0059425	3	95,930				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 Ⓛ

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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Name of the organization

United Way of Southern Nevada, Inc.

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 Domestic Organizations and Domestic Governments. 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)	Charities Under 1% Overhead PO Box 45754 San Francisco CA 94145	27-3132492	3	8,955				Charitable
(2)	Chautauqua Foundation PO Box 28 Chautauqua NY 14722	16-6028421	3	12,500				Charitable
(3)	Children First - America's Charitie 14150 Newbrrok Dr. Suite 110 Charitilly VA 20151	30-0186795	3	6,601				Charitable
(4)	Children's Advocacy Alliance 5258 S. Eastern Ave. Ste 151 Las Vegas NV 89119	88-0394078	3	7,500				Charitable
(5)	Children's Charities of America 1100 Larkspur Landing Circle #340 Larkspur CA 94939	94-3148588	3	8,594				Charitable
(6)	Children's Medical & Research Chari PO Box 45754 San Francisco CA 94145	27-0093393	3	13,704				Charitable
(7)	Christian Charities USA PO Box 45754 San Francisco CA 94145	94-3255961	3	8,933				Charitable
(8)	CHRISTIAN SERVICE CHARITIES 7620 Little River Turnpike Suite Annandale VA 22003	60 94-3193374	3	19,999				Charitable
(9)	Church of Jesus Christ of Latter-Da 10070 Azure Dr Las Vegas NV 89149	23-7300405	3	15,800				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 ☐

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

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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 Domestic Organizations and Domestic Governments. 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)	Communities in Schools of Southern Nevada 3720 Howard Hughes Parkway Las Vegas NV 89169	88-0292094	3	7,840				Charitable
(2)	Community Action Against Rape of Nevada 801 S. Rancho, Ste B-2 Las Vegas NV 89106	88-0135811	3	6,289				Charitable
(3)	Community Health Charities of California 1331 Garden Highway Sacramento CA 95833	94-1732873	3	7,635				Charitable
(4)	Community Health Charities of Nevada 4310 W Cheyenne N. Las Vegas NV 89032	88-0141929	3	11,941				Charitable
(5)	Desert Reign PO Box 231113 Las Vegas NV 89105	26-2288858	3	15,000				Charitable
(6)	Do Unto Others PO Box 45754 San Francisco CA 94145	97-3148590	3	5,350				Charitable
(7)	Down Syndrome Organization 5300 Vegas Drive Las Vegas NV 89108	94-3040560	3	12,889				Charitable
(8)	Dr Pepper Snapple Group Employee Relief 5301 Legacy Drive Plano TX 75024	41-2184477	3	7,743				Charitable
(9)	Food Bank of Northern Nevada 550 Italy Drive Sparks NV 89434	94-2924979	3	13,082				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 Ⓛ

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

2014

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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.

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Name of the organization

United Way of Southern Nevada, Inc.

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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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)	Foundation for an Independent Tomorrow 1931 Stella Lake Drive Las Vegas NV 89106	88-0377684	3	9,823				Charitable
(2)	Foundation for Postively Kids 3555 W Reno Ave, Ste F Las Vegas NV 89119	88-0419638	3	60,044				Charitable
(3)	Future Smiles 3074 Arville St Las Vegas NV 89102	27-3160598	3	25,000				Charitable
(4)	Gay & Lesbian Community Ctr 401 S Maryland Pkwy Las Vegas NV 89101	94-3192750	3	10,000				Charitable
(5)	Girls on the Run Las Vegas 1405 Reisling Ct Las Vegas NV 89144	27-4431922	3	30,000				Charitable
(6)	GLOBAL IMPACT 66 Canal Center Plaza Suite 310 Alexandria VA 22314	52-1273585	3	12,486				Charitable
(7)	Green Valley Baptist Church 270 N Valle Verde Dr Henderson NV 89074	88-0248603	3	19,147				Charitable
(8)	HEALTH & MEDICAL RESEARCH CH PO Box 45754 San Francisco CA 94145	94-3217739	3	13,615				Charitable
(9)	Health First - America's Charities PO Box 75083 Baltimore MD 21275	30-0186796	3	6,077				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 ☐

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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

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Name of the organization

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88-0071328

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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)	Help of Southern NV 1640 E Flamingo Road Ste 100 Las Vegas NV 89119	88-0108496	3	32,982				Charitable
(2)	Howard Payne University 1000 Fisk Ave Brownwood TX 76801	75-0800653	3	7,500				Charitable
(3)	Injured Police Officers Fund 9330 W Lake Mead Blvd. S., #130 Las Vegas NV 89134	88-0197393	3	10,797				Charitable
(4)	Iowa State University Foundation 2505 University Blvd PO Box 2 Ames IA 50010	42-1143702	3	7,000				Charitable
(5)	Jack M Barrack Hebrew Academy 272 S Bryn Mawr Ave Bryn Mawr PA 19010	23-1352614	3	10,000				Charitable
(6)	Jewish Federation of Las Vegas 2317 Renaissance Drive Las Vegas NV 89119	88-0098500	3	22,177				Charitable
(7)	Keep Memory Alive 888 W Bonnevillle Ave. Las Vegas NV 89106	88-0515534	3	71,000				Charitable
(8)	Kent & Marsha Larson Charitable Tru 4874 Denaro Drive Las Vegas NV 89135	47-6356332	3	57,117				Charitable
(9)	Las Vegas Clark County Library Dist 7060 W Windmill Lane Las Vegas NV 89113	27-0035192	3	20,000				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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.

U Attach to Form 990.

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

Name of the organization

United Way of Southern Nevada, Inc.

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 Domestic Organizations and Domestic Governments. 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)	Las Vegas Natural History Museum 900 N. Las Vegas Blvd Las Vegas NV 89101	88-0256389	3	34,042				Charitable
(2)	Legal Aid Center of Southern NV 725 E. Charleston Blvd Las Vegas NV 89104	88-0072562	3	10,982				Charitable
(3)	Lutheran Social Services 51 N Pecos Road, Suites 109-113 Las Vegas NV 89101	86-0845241	3	9,614				Charitable
(4)	Make A Wish of So. NV 5105 S. Durango Dr. Ste 100 Las Vegas NV 89113	88-0371008	3	9,100				Charitable
(5)	March of Dimes 820 Rancho Ln, Ste 55 Las Vegas NV 89106	54-6644174	3	16,800				Charitable
(6)	Medical Research Agy of Amer PO Box 79703 Baltimore MD 21279	94-3148591	3	8,766				Charitable
(7)	Mesquite Cancer Help Society 150 N Yucca #36 Mesquite NV 89027	88-0487720	3	12,246				Charitable
(8)	Military Family & Veterans Service 1100 Larkspur Landing Circle #340 Larkspur CA 94939	94-3193418	3	33,872				Charitable
(9)	Military Support Groups America 1100 Larkspur Landing Cir Ste 340 Larkspur CA 94939	27-2242752	3	18,742				Charitable

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

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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, Inc.

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 Domestic Organizations and Domestic Governments. 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)	Mountain View Presbyterian Church 8601 Del Webb Blvd Las Vegas NV 89137	88-0281325	3	6,300				Charitable
(2)	Nathan Adelson Hospice 3391 N Buffalo Road Las Vegas NV 89129	88-0161009	3	28,066				Charitable
(3)	National Community Health Charities 200 N Glebe Rd, Ste 801 Arlington VA 22203	13-6167225	3	32,335				Charitable
(4)	National Museum of American Jewish 101 S. Independence Mall East Philadelphia PA 19106	23-7379280	3	6,000				Charitable
(5)	Nellis AFB First Sergeants PO Box 9882 Nellis AFB NV 89191	88-0116925	3	25,706				Charitable
(6)	Nevada Ballet Theatre 1651 Inner Circle Las Vegas NV 89134	94-2427112	3	6,085				Charitable
(7)	NV Child Seekers 2880 E. Flamingo Road, Ste D Las Vegas NV 89121	38-6035290	3	5,575				Charitable
(8)	NV Diabetes Association for Childre 1005 Terminal Way, Suite 170 Reno NV 89502	88-0386000	3	6,549				Charitable
(9)	NV Paralyzed Veterans of America 704 S Jones Blvd Las Vegas NV 89107	31-1647467	3	15,752				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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.

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Name of the organization

United Way of Southern Nevada, Inc.

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 Domestic Organizations and Domestic Governments. 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 Partnership for Homeless Youth PO Box 20135 Las Vegas NV 89112	88-0476452	3	13,525				Charitable
(2)	NV SPCA 4800 West Dewey Drive Suite D Las Vegas NV 89118	88-0187383	3	14,127				Charitable
(3)	NV Women's Philanthropy 1635 Village Center Cir, Suite 160 Las Vegas NV 89134	88-0241420	3	14,000				Charitable
(4)	Opportunity Village 6300 West Oakey Boulevard Las Vegas NV 89146	88-0272831	3	40,668				Charitable
(5)	Phoenix Children's Hospital Foundat 2929 E Camelback Road, Ste 122 Phoenix AZ 85016	74-2421549	3	21,550				Charitable
(6)	Planned Parenthood of So NV 3220 West Charleston Boulevard Las Vegas NV 89102	84-0404253	3	7,813				Charitable
(7)	Project 150 8912 Spanish Ridge Ave, Ste 200 Las Vegas NV 89148	45-6645161	3	31,679				Charitable
(8)	Renewing Life Center 3243 E Warm Springs Rd, Ste 100 Las Vegas NV 89120	43-2072144	3	7,500				Charitable
(9)	Roman Catholic Bishop of LV PO Box 18316 Las Vegas NV 89114	88-0059349	3	16,350				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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, Inc.

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 Domestic Organizations and Domestic Governments. 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	18,192				Charitable
(2)	S A F E House 921 American Pacific Drive Ste 300 Henderson NV 89014	88-0314066	3	5,178				Charitable
(3)	Safe Nest Shelter 2915 West Charleston Boulevard Ste Las Vegas NV 89102	94-2411883	3	24,338				Charitable
(4)	Salvation Army Clark County Command PO Box 28369 Las Vegas NV 89126	88-0148782	3	19,647				Charitable
(5)	Southern Hills Baptist Church 5840 La Costa Canyon Court Las Vegas NV 89139	31-4407647	3	9,510				Charitable
(6)	Southern NV Health District PO Box 3902 Las Vegas NV 89127	88-0151573		37,554				Charitable
(7)	Special Olympics Nevada 5670 Wynn Rd, Ste H Las Vegas NV 89118	68-0363121	3	5,600				Charitable
(8)	Spread The Word NV, Inc. 260 E Desert Rose Drive Henderson NV 89015	22-3829041	3	30,000				Charitable
(9)	St Jude's Children's Research Hospi St. Jude Place Memphis TN 38105	62-0646012	3	62,548				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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, Inc.

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 Domestic Organizations and Domestic Governments. 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)	United Way of Northern NV and the S 811 Ryland Street Reno NV 89502	88-0059327	3	6,284				Charitable
(2)	University of NV, School of Medicine 1701 W Chareston Las Vegas NV 89102	88-0330858	3	32,750				Charitable
(3)	UNLV Foundation 4505 Maryland Parkway Las Vegas NV 89154	88-6000024	3	29,433				Charitable
(4)	Vegas PBS 3050 E Flamingo Rd Las Vegas NV 89121	23-7169328	3	20,250				Charitable
(5)	Volunteers in Medicine of So NV 4770 Harrison Dr, #200 Las Vegas NV 89121	39-2072453	3	46,728				Charitable
(6)	Wild Canyon Events PO Box 2017 Beaverton OR 97075	26-2461086	3	6,000				Charitable
(7)	Women's Development Center 4020 Pecos-McLeod Las Vegas NV 89121	94-3048865	3	56,500				Charitable
(8)	Wounded Warrior Family Fund 4336 Shamrock Lane Montgomery AL 36106	27-2390160	3	6,354				Charitable
(9)	Wounded Warrior Project 4899 Bellfort Rd, Ste 300 Jacksonville FL 32256	20-2370934	3	20,167				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) (2014)

**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
2014
**Open to Public
Inspection**

Name of the organization **United Way of Southern Nevada, Inc.** 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 Domestic Organizations and Domestic Governments. 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)	YMCA of Southern NV 4141 Meadows Lane Las Vegas NV 89107	88-0059266	3	6,377				Charitable
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 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

Part III Grants and Other Assistance to Domestic Individuals. 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	1259	263,550		Cash	
2 Crisis Fund	106	106,088		Cash	
3 Education program	16667	904,444		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 \$2,494,810, consisting of 109 recipients. In addition, the

Part III Grants and Other Assistance to Domestic Individuals. 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 603 recipients with funds totaling \$555,402. The combined total is \$3,050,212 to 712 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
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

United Way of Southern Nevada, Inc.

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Stanley Palmer 1 CEO	(i)	196,206	0	0	30,487	0	226,693	0
	(ii)	0	0	0	0	0	0	0
Vanessa Maniago 2 VP Branding & Mktng	(i)	133,413	0	0	16,672	0	150,085	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)							

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.

OMB No. 1545-0047

2014**Open to Public
Inspection**

U Attach to Form 990 or 990-EZ.

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

Name of the organization

United Way of Southern Nevada, Inc.

Employer identification number

88-0071328

Form 990 - Organization's Mission or Most Significant Activities**Part I, Line 1**

United Way of Southern Nevada Inc. (the Organization or United Way)

improves lives and builds a stronger community by uniting individuals, organizations and resources with the passion, determination and expertise needed to solve problems. Our strategy is to provide a solid foundation with an early education for children to enter school ready to learn. We provide cradle-to-career support for children, because the global economy demands education beyond high school. We provide medical check-ups and vaccinations to start school on-time and parent training and resources to improve graduation rates.

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 1,200 local, independent United Ways across the country.

United Way of Southern Nevada envisions a community where all children and families can succeed through a quality educational foundation, financial education and healthy lives. Our mission is to improve lives and build a stronger community by uniting individuals, organizations and resources with the passion, determination and expertise needed to solve problems.

Name of the organization

Employer identification number

United Way of Southern Nevada, Inc.

88-0071328

The Organization achieves its mission, through its Community-based Agenda by addressing root causes and creating lasting change. This unique methodology, functioning in complete harmony with the vision and mission, is referred to as Community-based Solutions Planning and Implementation and has been in progress for the past several years.

United Way engages the community in identifying the underlying causes of 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.

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,

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soliciting over 230,000 employees with over 20,000 donors. The 2014-2015 gross community campaign raised \$8,138,419.

United Way is making a profound impact in our community through the caring power of its "Leader Networks." Leader Network members come together to create change while building personal, professional and philanthropic networks. Members are passionate, determined and action-oriented leaders who use their collective strength and financial power to help children and families succeed. 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 \$1.7 million during the 2014-2015 campaign.

In 2014-15, 64 Tocqueville Society members gave over \$1.3 million to the community.

The Women's Leadership Council has raised \$290,000 during the 2014-15 campaign, investing their dollars in crucial projects which are changing lives. From teaching children through innovative early learning techniques, improving math and reading scores for K-7th students, empowering at-risk students to graduate high school, providing scholarships for young women, helping families become financially self-sufficient and providing medical

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services for abused and homeless women and children, with 104 members, these dynamic and generous women are truly change agents for the community.

This incredible group of women collected over 12,273 professional items during the WLC 8th Annual "Women's Fall Suit Drive" on Friday, November 6 for women in need.

United Way's Young Philanthropists Society (YPS) has contributed over \$81,000 in funding during the 2014-15 campaign year. YPS has successfully opened three "Piggy Banks" at Walter Bracken STEAM Academy, Howard E. Hollingsworth Elementary School and Walter V. Long Elementary School. Children have successfully learned the importance of saving and together over \$60,000 has been saved through this innovative program.

Contributors outside of United Way's Leader Networks direct their pledges to the Children and Families Fund where they are combined with thousands of others to make the greatest impact in helping children and families succeed through a volunteer-led allocation process. Restricted designations are also permitted to any 501(c)(3) approved by the Internal Revenue Service.

During the 2014-2015 campaign, United Way processed \$2,903,913 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

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provide us with information relative to the use and results of these contributions.

Since our local beginning more than 58 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.

For more information, go to uwsn.org.

Form 990, Part III, Line 4a - First Accomplishment

Local postsecondary institution partners include University of Nevada, Las Vegas (UNLV), College of Southern Nevada (CSN), and Nevada State College (NSC).

Our goals:

- Increase High School Graduation rates.
- Increase post-secondary enrollment rates.
- Increase post-secondary attainment rate in Nevada from 33% to 60% by 2025.

The United Way Family Stability Initiative supported 50 families so that

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their children will remain in the same school, giving them the best chance of academic success. The program teaches life skills that prepare children and their families to thrive in times of instability and whether any financial storm. By partnering with other non-profits this allows us to provide additional wrap around services to clients to break their cycle of poverty.

United Way acts as the fiscal agent for programs aligned with its mission including a grant from AmeriCorps. During the 2014-2015 fiscal year, United Way managed 77 AmeriCorps members providing increased operational capacity to 21 local nonprofit organizations. Approximately 58,446 hours were served by those members.

In addition, the 2014-2015 accomplishments include:

-14,260 duplicated students received academic support through in class tutoring, mentoring, and referral of resources, college awareness, and FASFA training. 1,614 students reported an increased knowledge of college awareness.

-1,762 individuals received immediate resources in areas of housing, receive rental assistance, utility assistance, bus passes, food vouchers, clothing vouchers, hygiene products, referrals to other services, and case management.

-2,490 children received member support in the areas of homework help, mentoring, sport activities to prevent childhood obesity, and educational activities. 2,893 youth engaged in activities to reduce childhood obesity.

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United Way also acts as the secretariat for \$1.2 million in funding from the Emergency Food and Shelter Program. United Way receives an administrative fee for these services. The 2015 Immediate Needs, Project Reach and Emergency Food and Shelter Program (Phase 32) funding combined have provided more than \$2.1 million for our community's most vulnerable population.

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

Immediate Needs - Meeting the basic needs of the community

In 2014-2015, United Way of Southern Nevada helped provide food, utility assistance and shelter so individuals can get back on their feet. United Way provided 6 local agencies with \$215,000 in supplemental food assistance.

-78,000 individuals were connected to essential services by dialing 2-1-1 Nevada 2-1-1, which 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.

-United Way, in partnership with NV Energy and local nonprofits, 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 2014-2015 1,257 people were assisted with their

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energy bills.

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 2014-15 accomplishments include:

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-675 preschool students received individualized educational assessments and school readiness instructional plans.

-6,720 hours of professional development training to early childcare providers and families.

-535 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.

-9,200 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 four local high schools and 10 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

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

-Building home libraries for families to improve literacy of early 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, from birth to age 10, 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 2014-2015 accomplishments include:

-More than 46,700 immunizations were provided to more than 17,767 children

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from birth to age 10, preparing kids for school, improving attendance and increasing their chances for school success.

-More than 320 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.

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:

-United Way of Southern Nevada collaborates with community partners to provide both free tax preparation and free tax assistance. Clark and Nye County residents miss out on thousands of dollars by not claiming critical

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tax credits on their Federal Tax Return such as the Earned Income Tax Credit. Others lose much of their return to high commercial preparation fees. 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.

Programs

- Free volunteer income tax assistance Financial Literacy in the Classroom
- YPS "Piggy Bank" Program
- Teach Children to Save

The 2014-2015 accomplishments include:

- 472 individuals utilized free volunteer income tax assistance, receiving \$337,641 in tax credits and \$638,424 in tax refunds.
- 2,600 students and 71 parents received financial education training.

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

Other programs include:

Volunteerism - Recruiting individuals and organizations to achieve tangible results

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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 2014-15 volunteer accomplishments include:

-The Community Engagement Team engaged 2,500 corporate volunteers totaling 12,320 volunteer hours in the Las Vegas Valley.

-During the 2014-2015 school year, 1,860 Clark County high school students from 42 high schools participated and contributed 40,283 hours of volunteer service hours to nonprofits and community-based organizations throughout Southern Nevada.

-In 2014-15, United Way managed 15 AmeriCorps VISTA members providing increased operational capacity to area nonprofit and community-based organizations. Approximately 19,840 hours were served by the VISTA members.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters
They are required to follow identical procedures for United Way of Southern Nevada.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The complete IRS Form 990 is reviewed by the finance committee and then presented to the full board of directors for approval before the return is

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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)

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

CONNECTED, INTERDEPENDENT, UNITED.

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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	\$ -2,903,913
Donor designations	\$ 2,903,913

**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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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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	204,972		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)													

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Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	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

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Federal Asset Report

FYE: 6/30/2015

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>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
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: 6/30/16****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	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		

Name _____ Taxpayer Identification Number _____

United Way of Southern Nevada, Inc.

88-0071328

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	1. 9,349,760	7,777,806	-1,571,954
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 11,580,529	2,034,173	-9,546,356
	5. Investment income	5. 46,331	3,439	-42,892
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 126,987	80	-126,907
	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.		
	12. Total revenue. Add lines 1 through 11	12. 21,103,607	9,815,498	-11,288,109
Expenses	13. Grants and similar amounts paid	13. 5,587,731	4,324,295	-1,263,436
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 367,310	466,295	98,985
	16. Salaries, other compensation, and employee benefits	16. 3,990,230	3,329,172	-661,058
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 432,284	141,109	-291,175
	19. Occupancy, rent, utilities, and maintenance	19. 80,813	79,625	-1,188
	20. Depreciation and Depletion	20. 129,221	118,585	-10,636
	21. Other expenses	21. 11,052,151	1,244,933	-9,807,218
	22. Total expenses. Add lines 13 through 21	22. 21,639,740	9,704,014	-11,935,726
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -536,133	111,484	647,617
Other Information	24. Total exempt revenue	24. 21,103,607	9,815,498	-11,288,109
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 11,753,847	2,037,692	-9,716,155
	27. Total assets	27. 9,001,110	8,901,949	-99,161
	28. Total liabilities	28. 4,961,579	4,750,380	-211,199
	29. Retained earnings	29. 4,039,531	4,151,569	112,038
	30. Number of voting members of governing body	30. 34	27	
	31. Number of independent voting members of governing body	31. 34	27	
	32. Number of employees	32. 61	178	
	33. Number of volunteers	33. 9196	4447	

Form 990T	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		

Name **United Way of Southern Nevada, Inc.** Taxpayer Identification Number **88-0071328**

		2013	2014	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	2014
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Name United Way of Southern Nevada, Inc.	Employer Identification Number 88-0071328
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			10,540,324	9,349,760	7,777,806	
Membership dues						
Program service revenue			19,952,528	11,580,529	2,034,173	
Capital gain or loss			150,926	126,987	80	
Investment income			45,723	46,331	3,439	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			40,535			
Total revenue			30,730,036	21,103,607	9,815,498	
Grants and similar amounts paid			8,033,628	5,587,731	4,324,295	
Benefits paid to or for members						
Compensation of officers, etc.			408,839	367,310	466,295	
Other compensation			4,086,827	3,990,230	3,329,172	
Professional fees				432,284	141,109	
Occupancy costs			113,849	80,813	79,625	
Depreciation and depletion			131,243	129,221	118,585	
Other expenses			18,654,752	11,052,151	1,244,933	
Total expenses			31,429,138	21,639,740	9,704,014	
Excess or (Deficit)			-699,102	-536,133	111,484	
Total exempt revenue			30,730,036	21,103,607	9,815,498	
Total unrelated revenue						
Total excludable revenue			30,730,036	11,753,847	2,037,692	
Total Assets			9,467,304	9,001,110	8,901,949	
Total Liabilities			4,996,723	4,961,579	4,750,380	
Net Fund Balances			4,470,581	4,039,531	4,151,569	

Form 990T	Tax Return History	2014
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Name United Way of Southern Nevada, Inc.	Employer Identification Number 88-0071328
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	2010	2011	2012	2013	2014	2015
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	2014
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Name United Way of Southern Nevada, Inc.	Employer Identification Number 88-0071328
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	2010	2011	2012	2013	2014	2015
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	\$ 3,439		14			
Total	\$ <u>3,439</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	\$ 70,182	\$ 33,068	\$	\$ 37,114
Payroll service fee	16,091	7,672	2,769	5,650
Total	<u>\$ 86,273</u>	<u>\$ 40,740</u>	<u>\$ 2,769</u>	<u>\$ 42,764</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Contributions in misc	\$ 66,921
Contributions	7,532,043
Abbie Friedman	
Cash Contribution	175,491
Project Dinner Table	
Cash Contribution	<u>3,351</u>
Total	<u>\$ 7,777,806</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Victor Chaltiel	\$ 975,301	\$
The Lincy Foundation	1,500,000	474,019
Abbie Friedman	704,036	
Windsong Trust	1,170,000	144,019
Steve Wynn	3,000,000	1,974,019
Stephen Cloobek	100,000	
Total	<u>\$ 7,449,337</u>	<u>\$ 2,592,057</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Income	\$ 3,439
Rental of Flamingo Building	
Total	<u>\$ 3,439</u>

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
Fiscal Agent revenue	\$ 1,957,236
Misc fees	47,717
Admin fees	29,220
Project Dinner Table	27,196
Total	<u>\$ 2,061,369</u>

Federal Statements

Project Dinner Table

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies	\$ <u>20,583</u>
Total	\$ <u><u>20,583</u></u>