

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

88-0071328

United Way of Southern Nevada

Net Asset / Fund Balance at Beginning of Year		<u>4,482,295</u>
Revenue		
Contributions	<u>18,770,397</u>	
Program service revenue	<u>104,749</u>	
Investment income	<u>116</u>	
Capital gain / loss	<u>899</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>69,770</u>	
Total revenue		<u>18,945,931</u>
Expenses		
Program services	<u>9,068,084</u>	
Management and general	<u>987,804</u>	
Fundraising	<u>1,122,446</u>	
Total expenses		<u>11,178,334</u>
Excess / (deficit)		<u>7,767,597</u>
Changes		<u>243</u>
Net Asset / Fund Balance at End of Year		<u><u>12,250,135</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>18,609,887</u>
Less:	
Unrealized gains	<u>243</u>
Donated services	<u>2,642</u>
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>338,929</u>
Total revenue per return	<u><u>18,945,931</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>10,842,047</u>
Less:	
Donated services	<u>2,642</u>
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>338,929</u>
Total expenses per return	<u><u>11,178,334</u></u>

	Balance Sheet		Differences
	Beginning	Ending	
Assets	<u>9,594,470</u>	<u>16,944,496</u>	
Liabilities	<u>5,112,175</u>	<u>4,694,361</u>	
Net assets	<u><u>4,482,295</u></u>	<u><u>12,250,135</u></u>	<u><u>7,767,840</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/16/22
Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

United Way of Southern Nevada

Taxpayer identification number

88-0071328

Name and title of officer or person subject to tax

**Julian High
CEO (Oct 2021)**

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one 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 <u>18,945,931</u>
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, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization of I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 71328 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

Date } 11/08/21

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.

88672910041
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 } Jessica P Sayles Date } 11/08/21

**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** (2020)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization United Way of Southern Nevada		D Employer identification number 88-0071328
	Doing business as		E Telephone number 702-734-2273
	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		G Gross receipts \$ 18,945,931
F Name and address of principal officer: Julian High 5830 W. Flamingo Road Las Vegas NV 89103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number U	
J Website: U www.uwsn.org		L Year of formation: 1957	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U		M State of legal domicile: NV	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	19
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	37
	6 Total number of volunteers (estimate if necessary)		6	2900
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	10,883,929	18,770,397	
	9 Program service revenue (Part VIII, line 2g)	180,014	104,749	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	995	1,015	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,459	69,770	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,163,397	18,945,931	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,591,974	7,555,846	
	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)	1,838,893	1,911,041	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) U 1,122,446			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,066,099	1,711,447	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,496,966	11,178,334	
	19 Revenue less expenses. Subtract line 18 from line 12	-333,569	7,767,597	
	Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		9,594,470	16,944,496	
21 Total liabilities (Part X, line 26)		5,112,175	4,694,361	
22 Net assets or fund balances. Subtract line 21 from line 20	4,482,295	12,250,135		

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 Julian High CEO		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Jessica P Sayles	Preparer's signature Jessica P Sayles	Date 01/12/22	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P01530213
	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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ **5,415,435** including grants of \$ **4,530,624**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **3,024,922** including grants of \$ **3,024,922**) (Revenue \$ **104,749**)

See Schedule O

4c (Code:) (Expenses \$ **627,727** including grants of \$ **300**) (Revenue \$)

See Schedule O

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

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

4e Total program service expenses **u 9,068,084**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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
25b	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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, Part 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
35b	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?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 37		
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
b	If "Yes," enter the name of the foreign country 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	19		
1b	Enter the number of voting members included on line 1a, above, who are independent		
1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **U**
Kahoku Henson **5830 W Flamingo**
Las Vegas **NV 89103** **702-892-2320**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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) Kyle Rahn	40.00									
Former CEO	0.00			X			186,745	0	18,696	
(2) Terri Rencher	40.00									
VP HR	0.00				X		118,354	0	13,094	
(3) Jeffrey Henson	40.00									
VP Finance	0.00			X			93,426	0	10,298	
(4) April Augustine	4.00									
Director	0.00	X					0	0	0	
(5) Sheila Bangalore	4.00									
Director	0.00	X					0	0	0	
(6) Irene Adams Bustamante	4.00									
Director	0.00	X					0	0	0	
(7) Diane Carlson	4.00									
Director	0.00	X					0	0	0	
(8) Patty Charlton	4.00									
Director	0.00	X					0	0	0	
(9) Morris Jackson II	4.00									
Director	0.00	X					0	0	0	
(10) Thomas Kovach, Jr.	4.00									
Director	0.00	X					0	0	0	
(11) Michelle Mercado	4.00									
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 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) Jerrie Merritt	4.00									
..... Director	0.00	X					0	0	0	
(13) Patricia Morris	4.00									
..... Treasurer	0.00	X		X			0	0	0	
(14) Ann Simmons Nicholson	4.00									
..... Chair	0.00	X		X			0	0	0	
(15) John Page	4.00									
..... Vice Chair	0.00	X		X			0	0	0	
(16) Katherine Roden	4.00									
..... Director	0.00	X					0	0	0	
(17) Scott Savarda	4.00									
..... Director	0.00	X					0	0	0	
(18) Marta Schmitt	4.00									
..... Director	0.00	X					0	0	0	
(19) Monte Smith	4.00									
..... Secretary	0.00	X		X			0	0	0	
1b Subtotal							398,525		42,088	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							398,525		42,088	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(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 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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,273,035				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,497,362				
	g Noncash contributions included in lines 1a-1f	1g	\$ 38,720				
	h Total. Add lines 1a-1f	u	18,770,397				
Program Service Revenue	2a Meetings and events	Business Code	624410	104,749	104,749		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	104,749				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	116			116	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	6a	49,100			
		(ii) Personal	6b				
			6c	49,100			
	d Net rental income or (loss)	u	49,100			49,100	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	899			
		(ii) Other	7b				
			7c	899			
	d Net gain or (loss)	u	899			899	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
			8b				
		c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19		9a					
		9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances		10a					
		10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a Miscellaneous	Business Code	541900	20,670		20,670	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	20,670				
12 Total revenue. See instructions	u	18,945,931	104,749	0	70,785		

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	2,509,564	2,509,564		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,046,282	5,046,282		
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	402,815	101,027	200,761	101,027
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	1,281,327	492,432	343,522	445,373
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,643	9,424	4,701	8,518
9 Other employee benefits	74,261	28,399	19,848	26,014
10 Payroll taxes	129,995	46,076	41,518	42,401
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	44,000		44,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	287,008	207,965	13,142	65,901
12 Advertising and promotion	11,115	1,229	27	9,859
13 Office expenses	412,453	107,467	153,858	151,128
14 Information technology				
15 Royalties				
16 Occupancy	121,456	34,008	54,324	33,124
17 Travel	2,490	1,028	601	861
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,279	8,782	5,137	7,360
20 Interest	49,033	15,691	14,710	18,632
21 Payments to affiliates	149,000	47,680	44,700	56,620
22 Depreciation, depletion, and amortization	109,881	34,975	32,789	42,117
23 Insurance	31,391	8,731	14,156	8,504
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other program supplies	360,043	360,043		
b Outreach events	97,753			97,753
c Community event fees	14,545	7,281	10	7,254
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,178,334	9,068,084	987,804	1,122,446
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,750,171	1	11,006,560
	2	Savings and temporary cash investments	1,054,077	2	819,227
	3	Pledges and grants receivable, net	3,285,633	3	2,713,372
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,330	9	21,961
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,465,015		
	b	Less: accumulated depreciation	10b 1,081,639	10c	2,383,376
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,594,470	16	16,944,496	
Liabilities	17	Accounts payable and accrued expenses	2,162,718	17	1,115,804
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1,087,264	20	1,044,177
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	310,000	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,552,193	25	2,534,380
	26	Total liabilities. Add lines 17 through 25	5,112,175	26	4,694,361
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,427,548	27	11,353,837
	28	Net assets with donor restrictions	1,054,747	28	896,298
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	4,482,295	32	12,250,135	
33	Total liabilities and net assets/fund balances	9,594,470	33	16,944,496	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,945,931
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,178,334
3	Revenue less expenses. Subtract line 2 from line 1	3	7,767,597
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,482,295
5	Net unrealized gains (losses) on investments	5	243
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,250,135

Part XII Financial Statements and Reporting

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

		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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week 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			
(20) Denette Suddeth	4.00									
Director	0.00	X					0	0	0	
(21) Clark Wood	4.00									
Director	0.00	X					0	0	0	
(22) Tom Wszalek	4.00									
Director	0.00	X					0	0	0	
(23) Julian High	0.00									
CEO (Oct 2021)	0.00			X			0	0	0	
1b Subtotal										
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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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**

**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.

Ⓛ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,807,003	12,737,245	15,895,849	10,883,929	18,770,397	65,094,423
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	6,807,003	12,737,245	15,895,849	10,883,929	18,770,397	65,094,423
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)						1,298,139
6 Public support. Subtract line 5 from line 4.						63,796,284

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,807,003	12,737,245	15,895,849	10,883,929	18,770,397	65,094,423
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78,205	81,875	86,039	66,045	49,216	361,380
9 Net income from unrelated business activities, whether or not the business is regularly carried on			24,035	32,409	19,670	76,114
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						65,531,917
12 Gross receipts from related activities, etc. (see instructions)					12	4,824,679
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.35 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.16 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Schedule of Contributors

OMB No. 1545-0047

2020

⤵ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ⤵ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

United Way of Southern Nevada

Employer identification number

88-0071328

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NV Energy 6226 W. Sahara Avenue Las Vegas NV 89151	\$ 928,777	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US Department of the Treasury 1500 Pennsylvania Ave NW Washington DC 20220	\$ 683,406	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MacKenzie Scott 5830 W. Flamingo Road Las Vegas NV 89103	\$ 10,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

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

Complete if the organization answered "Yes" on 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 questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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, and various questions about monitoring and expenses.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		437,000		437,000
b Buildings		2,308,641	527,852	1,780,789
c Leasehold improvements		236,590	144,175	92,415
d Equipment		482,784	409,612	73,172
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,383,376

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to exempt organizations	1,930,083
(3) Designations	556,805
(4) Refundable advances	47,492
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	2,534,380

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	18,609,887
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	243	
b	Donated services and use of facilities	2b	2,642	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,885
3	Subtract line 2e from line 1		3	18,607,002
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		
b	Other (Describe in Part XIII.)	4b	338,929	
c	Add lines 4a and 4b		4c	338,929
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	18,945,931

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,842,047
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,642	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,642
3	Subtract line 2e from line 1		3	10,839,405
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		
b	Other (Describe in Part XIII.)	4b	338,929	
c	Add lines 4a and 4b		4c	338,929
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,178,334

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 \$ **338,929**

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

Donor designations \$ **338,929**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Arriba Las Vegas Worker Center 3020 E. Bonanza Rd. Suite 190 Las Vegas NV 89101	83-4206510	3	50,000				Charitable
(2)	Blind Center of Nevada 1001 North Bruce Street Las Vegas NV 89101	88-6005096	3	40,000				Charitable
(3)	Boys Town of Nevada 821 N Mojave Rd Las Vegas NV 89101	20-0654472	3	20,000				Charitable
(4)	Catholic Charities of So. NV 1501 Las Vegas Blvd North Las Vegas NV 89101	88-0059425	3	125,000				Charitable
(5)	Communities in Schools 8350 W. Sahara Ave, Ste 110 Las Vegas NV 89117	88-0292094	3	85,000				Charitable
(6)	Core Academy, Powered by the Rogers 701 S. 9th St. Las Vegas NV 89101	45-4170296	3	50,000				Charitable
(7)	CPCL, Inc. 4070 N. Martin Luther King Blvd. N. Las Vegas NV 89032	47-2624854	3	25,000				Charitable
(8)	Dress for Success Southern NV PO Box 94194 Las Vegas NV 89193	27-1228948	3	50,000				Charitable
(9)	East Valley Family Services 1830 E. Sahara Ave Ste 103 Las Vegas NV 89104	90-7833630	3	40,000				Charitable

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 86
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047
2020
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	El Shaddai Refuge Homes CDC PO Box 33932 Las Vegas NV 89133	82-3294530	3	25,000				Charitable
(2)	Eye Care 4 Kids Nevada 6150 W. Smoke Ranch Rd. Las Vegas NV 89108	81-0712998	3	25,000				Charitable
(3)	Family Promise of Las Vegas Inc 1410 S. Maryland Parkway Las Vegas NV 89104	88-0352350	3	96,595				Charitable
(4)	Foster Kinship 3925 W. Cheyenne Ave Suite 401 N. Las Vegas NV 89032	45-4242425	3	20,000				Charitable
(5)	Foundation for an Independent Tomorrow 1931 Stella Lake Drive Las Vegas NV 89106	88-0377684	3	50,000				Charitable
(6)	Fulfillment Fund of Las Vegas 3100 E. Patrick Lane Las Vegas NV 89120	48-2083219	3	60,000				Charitable
(7)	Grant A Gift Autism Foundation 630 S. Rancho Dr, Ste D Las Vegas NV 89106	80-0350583	3	25,000				Charitable
(8)	Green Our Planet 6795 Edmond St Las Vegas NV 89118	38-3883213	3	50,000				Charitable
(9)	Guinn Center 3281 S Highland Dr #810 Las Vegas NV 89109	46-4075622	3	100,000				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**

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
⓪ Attach to Form 990.
⓪ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Help of Southern Nevada 1640 E. Flamingo Rd Ste 100 Las Vegas NV 89119	88-0108496	3	60,000				Charitable
(2)	Hopelink of Southern Nevada 178 Westminster Way Henderson NV 89015	94-3202139	3	55,000				Charitable
(3)	Immunize Nevada 1050 E Flamingo Rd #S102 Las Vegas NV 89119	46-2266350	3	16,750				Charitable
(4)	Jobs for Nevada Graduates, Inc (JA) 4045 S. Buffalo Ave. Suite A101-128 Las Vegas NV 89147	80-0965597	3	50,000				Charitable
(5)	Kline Veterans Fund 1930 Village Center Circle #3-355 Las Vegas NV 89134	45-2285031	3	40,000				Charitable
(6)	Las Vegas Metro Police Foundation 7175 Bermuda Rd Las Vegas NV 89119	88-0429730	3	10,000				Charitable
(7)	Las Vegas Philharmonic 2451 S. Buffalo Rd Las Vegas NV 89117	88-0398092	3	6,000				Charitable
(8)	Leaders in Training 900 N. Lamb Blvd Ste 130 Las Vegas NV 89110	45-4208055	3	105,000				Charitable
(9)	Legal Aid Center of Southern Nevada 725 E. Charleston Las Vegas NV 89104	88-0072562	3	10,000				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) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
⓪ Attach to Form 990.
⓪ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Lutheran Social Services 51 N Pecos Rd Suites 109-113 Las Vegas NV 89101	86-0845241	3	50,000				Charitable
(2)	Nevada Health Centers 3325 Research Way Carson City NV 89706	94-3199117	3	63,333				Charitable
(3)	Nevada State College Foundation 1125 Nevada State College Dr Henderson NV 89002	88-0464591	3	5,215				Charitable
(4)	Opportunity Village 6050 S. Buffalo Dr Las Vegas NV 89113	88-0272831	3	10,000				Charitable
(5)	Project 150 3600 N Rancho Las Vegas NV 89130	45-6645161	3	135,000				Charitable
(6)	Project REAL 7175 Bermuda Rd Las Vegas NV 89119	43-2074467	3	25,000				Charitable
(7)	RAPE Crisis Center 801 S. Rancho Drive Suite B-2 Las Vegas NV 89106	88-0135811	3	75,000				Charitable
(8)	Safe Nest 3900 Meadows Ln Las Vegas NV 89107	94-2411883	3	55,000				Charitable
(9)	Salvation Army, CC (Las Vegas) PO Box 28369 Las Vegas NV 89126	88-0148782	3	105,000				Charitable

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
- 3 Enter total number of other organizations listed in the line 1 table ⓪

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047
2020
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Smith Center for Performing Arts 361 Symphony Park Way Las Vegas NV 89106	88-0361875	3	10,000				Charitable
(2)	St Jude's Ranch for Children 100 St. Jude's St. Boulder City NV 89005	20-2917263	3	32,003				Charitable
(3)	St Rose Dominican Health Foundation 3001 St. Rose Parkway Henderson NV 89062	88-0394320	3	10,000				Charitable
(4)	Tech Impact 417 N. 8th St. Ste. 203 Philadelphia PA 19123	74-3062511	3	100,000				Charitable
(5)	The Cupcake Girls 3110 S Valley View Blvd Ste 201 Las Vegas NV 89102	45-3970815	3	30,000				Charitable
(6)	The Public Education Foundation 4350 S. Maryland Pkwy Las Vegas NV 89119	88-0275767	3	30,000				Charitable
(7)	Three Square 4190 N Pecos Rd Las Vegas NV 89115	30-0396918	3	15,692				Charitable
(8)	United Labor Agency of NV (ULAN) 1201 North Decatur Blvd Ste 10 Las Vegas NV 89108	88-0344011	3	60,000				Charitable
(9)	Unshakeable 2654 W. Horizon Ridge Pkwy #B5298 Henderson NV 89052	45-4638255	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) (2020)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Volunteers in Medicine of Southern Nevada 1240 N. Martin Luther King Blvd. Las Vegas NV 89106	39-2072453	3	40,000				Charitable
(2)	YMCA of Southern Nevada-Heinrich 4141 Meadows Lane Las Vegas NV 89107	88-0059266	3	100,000				Charitable
(3)	Research Education and Access for Children 823 6th St Las Vegas NV 89101	27-4912114	3	60,000				Charitable
(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

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

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Project Reach	3272	467,041		Cash	
2 Crisis Fund	47	48,617		Cash	
3 Education program	17	4,530,624		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.

See Schedule I Supplemental Information Worksheet

SCHEDULE I (Form 990)	Supplemental Information	2020
For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21		

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

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 \$1,324,169, consisting of 44 recipients. In addition, the Organization provided 470 recipients with funds totaling \$311,282, which includes 83 recipients of crisis funds totaling \$52,709 and 383 recipients of grants less than \$5,000 totaling \$258,573. The combined total of all grants to organizations and individuals is \$9,850,387 to 516 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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
 Open to Public
Inspection

Name of the organization

United Way of Southern Nevada

Employer identification number
88-0071328

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kyle Rahn Former CEO	(i)	186,745	0	0	7,448	11,248	205,441	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
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 K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Public Finance Authority	27-3866124	000000000	12/01/15	1,344,000	See Part VI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue		1,344,000								
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds		78,337								
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion		2015								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2020

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ..								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government u		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government u		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Schedule K - Purpose of Issue Description

Public Finance Authority

Refinancing capital improvements.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open To Public
Inspection**

United Way of Southern Nevada

Employer identification number

88-0071328

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <input checked="" type="checkbox"/> Supplies	X	150	38,720	Fair market value
26 Other <input type="checkbox"/>				
27 Other <input type="checkbox"/>				
28 Other <input type="checkbox"/>				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	X	
----	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	----------

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

⓪ Attach to Form 990 or 990-EZ.

⓪ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

United Way of Southern Nevada

Employer identification number

88-0071328

Form 990 - Organization's Mission or Most Significant Activities

United Way of Southern Nevada Inc. (the Organization or United Way) unites our community to improve people's lives. Together we create positive change by solving complex community problems. We are one organization collaborating with many to create a better community for all.

Form 990 - Organization's Mission

United Way of Southern Nevada, Inc. (the Organization or United Way) 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 more than 1,200 local, independent United Ways across the country. United Way's mission is to unite our community to improve people's lives. The Organization is innovative and collaborative in their efforts to create a better community for all.

United Way is working with and through strategic partners to address the issues that no one agency can solve alone. The Organization brings innovative thinking to the conversation, creating momentum through funds, volunteers, and support to scale the work of partners in the community. With these partners, United Way is supporting children and families through its Community Based Agenda. United Way engages the community in selecting partners with innovative approaches, provides these organizations with resources to be successful, and measures their results to ensure accountability.

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

United Way's staff works closely with community members to solve complex community problems and create positive change. The Organization's staff engages in advocacy and public policy, development of strategic initiatives, and community leadership. United Way staff members manage and support community impact programs and provide nonprofit support and technical assistance. The Organization also acts as the fiscal agent for several State of Nevada grant programs benefiting the Southern Nevada area. United Way has learned it takes more than promising programs to change conditions in Southern Nevada. The Organization mobilizes businesses, institutions, nonprofits, and residents to positively impact the community and create long-lasting generational change.

By pursuing approaches that can be measured and programs that are proven to succeed, United Way and its partners are ensuring Southern Nevadans have the opportunity to succeed. Annual fundraising campaigns are conducted throughout the fiscal year's annual campaign to support programs primarily in the subsequent fiscal year. Campaign dollars support community-based initiatives, collective impact efforts, and the Organization's operating expenses. United Way's workplace giving campaigns include over 300 companies, soliciting hundreds of thousands of employees with over 20,000 donors. The 2020-21 gross community campaign raised \$3,676,583. United Way is making a profound impact in our community through the caring power of its "Giving Groups." Giving Group 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 improve lives. On an annual

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

basis, Tocqueville Society members contribute \$10,000 or more, Women's Leadership Council members contribute \$1,500 or more, and members of the Young Philanthropists Society contribute \$1,500 or more. Combined, United Way's Tocqueville Society, Women United, and Young Philanthropist generated approximately \$443,998.84 during the 2020-21 campaign.

In 2020-21, Tocqueville Society members gave \$331,962.28 to the community. UWSN's Women United raised \$112,036.56 during the 2020-21 campaign, investing their dollars in crucial projects which are changing lives. With almost 100 members, these dynamic and generous women are truly change agents for the community, serving as pacesetters for the Organization's Community-based Agenda. This incredible group of women collected over 5,279 professional items during the 13th Annual Women United Suit Drive on November 4 - 6, 2020 for women in need.

Contributors outside of United Way's Giving Groups direct their pledges to United Way's Community Impact Fund where they are combined with thousands of others to make the greatest impact for children and families in Southern Nevada. Restricted designations are also permitted to any 501(c)(3) approved by the Internal Revenue Service. Since our local beginning more than 60 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

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

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

Nevada Ready! is United Way of Southern Nevada's grant-funded initiative to support the improvement and expansion of pre-kindergarten spaces while providing critical wraparound services for vulnerable families. In 2020-2021, UWSN provided 467 children with free spaces in high quality early education programs, as well as essential teacher training and supportive services for local families. UWSN has partnered with 18 local early education centers to fund early childhood education classrooms during this 4-year grant with the goal of helping children learn to read, write and problem solve so they are ready for kindergarten.

Windsong is a UWSN grant-funded program focused on creating early education access for all children in Southern Nevada. In the 2020-2021 fiscal year, UWSN provided scholarships to 20 children in need, giving them the opportunity to attend a high-quality early education center in their neighborhood.

The Siemer Institute funds the Family and Child Empowerment Program, a UWSN partnership connecting low-income families with case management and supportive services on-site. The main goal of the program is to eliminate barriers that affect low-income families and provide them with opportunities for enrichment, self-sufficiency, and empowerment through a

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

dual-generation approach. 100 families participated in the program with the aim of creating financial stability and strengthening the whole family for generations to come.

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

United Way of Southern Nevada works to empower the community with committed programs dedicated to building up a base of local advocates for positive change. Advocates provide increased operational capacity for local programs both through fiscal and human resources. Through volunteerism and collaboration, these advocates set out to create real impact in Southern Nevada and address local issues in a hands-on effort to improve lives.

Volunteerism - Recruiting individuals and organizations to achieve tangible results. UWSN's Team actively engages community members to work hand-in-hand with nonprofit organizations to foster a strong and vibrant southern Nevada. UWSN helped inspire, equip and mobilize people to change lives through volunteerism.

The 2020-2021 volunteer accomplishments include:

-On April 20, 2020, UWSN launched the Volunteer Connect website to engage volunteers.

-The Volunteer Engagement Team engaged 2,300 volunteers to provide volunteer service to area nonprofit and community-based organizations.

-On October 2, 2020 the organization united the community to rebuild Southern Nevada during its Day of Caring. UWSN brought together 450 volunteers to complete projects at 22 local nonprofits and schools, giving their time and effort to make an impact in Southern Nevada.

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

Immediate Needs - Meeting the basic needs of the community

United Way of Southern Nevada is committed to providing services to address the needs of our community's most vulnerable populations. We work with our community partners to provide food, housing, and utility assistance to those in need of basic care and assistance through the following programs:

-Project REACH: In partnership with NV Energy and local nonprofits, UWSN operates 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.

-Immediate Needs: UWSN partners with local community services to provide immediate needs assistance as the secretariat of the Emergency Food and Shelter Program (EFSP) for Clark County, Nevada. In March 2020, UWSN established the Emergency Assistance and Community Needs (EACN) Fund to provide basic needs assistance for individuals and families affected by the COVID-19 pandemic.

The 2020-2021 accomplishments include:

- 3,728 people were assisted with their energy bills.
- \$459,711.64 in Project REACH funding and \$4,132,992.00 in Emergency Food and Shelter Program funding has been provided to support our community's most vulnerable populations.
- UWSN helped 42,360 individuals with food, shelter and utilities from March 2020 to June 2020 through the Emergency Assistance and Community Needs

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

Fund.

During the 2020-2021 campaign, UWSN also processed \$892,282.12 in donor-designated restricted funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations. The Organization acts simply as an agent that collects, processes and disburses funds. The Organization provides this service as a convenience to our donors and being separate and apart from our mission-oriented functions, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

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

Community impact includes community distribution dollars for donor-designated funds, immediate needs services and United Way of Southern Nevada's Community-based Agenda which represents community projects focusing on ensuring families have education, workforce development and community supports. 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.

Early Childhood Education -- Helping Children Reach their Potential

UWSN and its partners prepare children to be ready to succeed once they reach kindergarten. The organization provides early education/pre-

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

kindergarten scholarships, trains certified educators, engages parents, and provides supportive services to families. By using research-based curriculum and long-term evaluation to determine what has the greatest long-term impact, UWSN is working to improve early childhood education.

Early Childhood Education programs include:

-Early Education Scholarships: Through Nevada Ready! children receive a high-quality early education at low or no cost with the help of grant-funded scholarships. Families with young children 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.

-Sunrise Children's Foundation: UWSN funds Sunrise Children's Foundation's Home Instruction for Parents of Preschool Youngsters (HIPPY) program. HIPPY supports high risk, economically-disadvantaged families and their children by working directly with parents to prepare their children for success in school. Instructors teach parents to engage their children in daily learning activities that promote literacy and school readiness.

The 2020-2021 accomplishments include:

- 467 children received early education scholarships to gain a high-quality early education at low or no cost to their families.

-39 families were inspired to become their children's first teachers through the Home Instruction for Parents of Preschool Youngsters program.

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

Student Success - Building an Educational Foundation

To improve graduation rates in Clark County, particularly in the region's most disadvantaged schools, UWSN helps high school students reach graduation day by providing the knowledge and skills needed to graduate. By supporting students through high school and ensuring they graduate ready to succeed in college and career, UWSN and its partners are building an educational foundation for Southern Nevada.

High school achievement programs include:

-Girls on the Run Las Vegas: UWSN funds Girls on the Run Las Vegas (GOTR), a program that inspires girls to be joyful, healthy, and confident using a fun, experience-based curriculum, which creatively integrates running. GOTR tackles factors that lead to bullying by teaching girls essential life skills that promote healthy, productive, and intentional behaviors using a physical activity-based positive youth development program.

-Las Vegas-Clark County Library District Foundation: UWSN funds the Teachers in Libraries program offering free after-school tutoring, delivered by CCSD teachers, in eight library branches across the Las Vegas Valley. The goal of this program is to raise student proficiency in reading, writing, science and math to grade level so that they may continue to a successful high school graduation and raise student academic performance.

-Nevada Health Centers: UWSN funds the Mobile Unit Coalition, a new

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

initiative that builds on Nevada Health Centers' experience and results across the country. The program offers high-impact and holistic healthcare and connects children, families, and youth to other needed supports like food, housing, and legal assistance, providing the foundation necessary for educational achievement.

The 2020-2021 accomplishments include:

-265 girls built self-worth and confidence through the Girls on the Run program.

-746 students received free after-school tutoring and support from local teachers through the Las Vegas-Clark County Library District Foundation.

-2,747 youth received essential health services to provide the foundation for educational achievement through Nevada Health Centers.

Post-Secondary Attainment - Improving Career Readiness

To increase the percentage of adults with an associate degree or higher, UWSN and its partners support individuals from all walks of life in their efforts to earn a degree or certification. In order to build the skilled and knowledgeable workforce necessary to compete in a global and technology-focused economy, Southern Nevada will need to increase its levels of post-secondary attainment. By helping individuals prepare for a competitive workforce, UWSN is working to improve career readiness and provide a better life for families.

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

-Fulfillment Fund Las Vegas: UWSN funds Fulfillment Fund Las Vegas's post-secondary attainment efforts, providing a comprehensive support program for students and families. Support begins in high school with college tours, counseling, and parent engagement activities, and continues through college with scholarships and financial assistance, in addition to a counseling and outreach program.

-Leaders in Training: UWSN funds Leaders in Training, a comprehensive program focusing on empowering East and North Las Vegas students - who are the first in their family to attend higher education - to have the access, resources, knowledge and skills to attain a post-secondary degree and give back to their community. Students receive support during high school and through college, including academic support, volunteerism, and internship opportunities, and family engagement.

The 2020-2021 accomplishments include:

-872 high school students received tools to graduate and achieve future success in college and career through Fulfillment Fund Las Vegas.

-193 students were inspired to graduate and become leaders in their community through Leaders in Training.

Workforce Supports - Creating Stability for Families

To decrease the number of low-income families in Clark County, UWSN helps

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

families find stability at home and at work through supportive services, such as technical and professional skills training, job preparation, and placement and certification and credential assistance. By connecting people to community services, UWSN and its partners are supporting the whole family as they work to build a strong foundation for success.

-Foundation for an Independent Tomorrow: UWSN funds Foundation for an Independent Tomorrow (FIT), which seeks to improve the quality of life of southern Nevadans through self-sufficient, sustainable employment and create a skilled workforce that can attract and retain companies and expand employment opportunities. FIT combines one-on-one integrated case management and a comprehensive array of services directed to the development of work readiness soft-skills coupled with hard-skill training leading to industry-recognized credentials.

-Neighborhood Network: This innovative program empowers children and families in informal early education settings by providing children a quality early education in their neighborhood and connecting caregivers with professional development, workforce training, and educational materials and supports. This partnership between Las Vegas Urban League and UWSN focuses on training family, friend, and neighbor childcare providers to provide high-quality care.

The 2020-2021 accomplishments include:

-193 clients received job readiness courses and integrated case management at Foundation for an Independent Tomorrow.

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

-55 in-home childcare providers received training and support to provide high-quality care through the Neighborhood Network program.

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 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.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Donor designations	\$ -338,929
--------------------	-------------

Donor designations	\$ 338,929
--------------------	------------

Form 990, Part XII - Additional Information

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

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

people.

CONNECTED, INTERDEPENDENT, UNITED.

And when we reach out a hand to one, we influence the condition of all.

That's what it means to Live United.

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

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		

Name

Taxpayer Identification Number

United Way of Southern Nevada**88-0071328**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 10,883,929	17,497,362	6,613,433
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	1,273,035	1,273,035
	4. Program service revenue	4. 180,014	104,749	-75,265
	5. Investment income	5. 995	116	-879
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	899	899
	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. 98,459	69,770	-28,689
	12. Total revenue. Add lines 1 through 11	12. 11,163,397	18,945,931	7,782,534
Expenses	13. Grants and similar amounts paid	13. 7,591,974	7,555,846	-36,128
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	402,815	402,815
	16. Salaries, other compensation, and employee benefits	16. 1,838,893	1,508,226	-330,667
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 634,181	331,008	-303,173
	19. Occupancy, rent, utilities, and maintenance	19. 109,700	121,456	11,756
	20. Depreciation and Depletion	20. 110,695	109,881	-814
	21. Other expenses	21. 1,211,523	1,149,102	-62,421
	22. Total expenses. Add lines 13 through 21	22. 11,496,966	11,178,334	-318,632
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -333,569	7,767,597	8,101,166
Other Information	24. Total exempt revenue	24. 11,163,397	18,945,931	7,782,534
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 279,468	175,534	-103,934
	27. Total assets	27. 9,594,470	16,944,496	7,350,026
	28. Total liabilities	28. 5,112,175	4,694,361	-417,814
	29. Retained earnings	29. 4,482,295	12,250,135	7,767,840
	30. Number of voting members of governing body	30.	19	
	31. Number of independent voting members of governing body	31.	19	
	32. Number of employees	32.	37	
	33. Number of volunteers	33.	2900	

Form 990	Tax Return History	2020
Name United Way of Southern Nevada		Employer Identification Number 88-0071328

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	6,807,003	12,737,245	15,895,849	10,883,929	18,770,397	
Membership dues						
Program service revenue	4,052,249	186,280	301,387	180,014	104,749	
Capital gain or loss	-10				899	
Investment income	657	712	1,052	995	116	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	77,548	81,163	110,022	98,459	69,770	
Total revenue	10,937,447	13,005,400	16,308,310	11,163,397	18,945,931	
Grants and similar amounts paid	5,801,438	7,757,330	9,850,387	7,591,974	7,555,846	
Benefits paid to or for members						
Compensation of officers, etc.	324,835	353,778	254,175		402,815	
Other compensation	2,760,649	2,064,508	1,686,752	1,838,893	1,508,226	
Professional fees	266,275	152,014	454,604	634,181	331,008	
Occupancy costs	117,593	109,848	131,098	109,700	121,456	
Depreciation and depletion	105,631	101,154	103,346	110,695	109,881	
Other expenses	2,254,757	2,263,404	3,443,502	1,211,523	1,149,102	
Total expenses	11,631,178	12,802,036	15,923,864	11,496,966	11,178,334	
Excess or (Deficit)	-693,731	203,364	384,446	-333,569	7,767,597	
Total exempt revenue	10,937,447	13,005,400	16,308,310	11,163,397	18,945,931	
Total unrelated revenue						
Total excludable revenue	4,130,444	268,155	412,461	279,468	175,534	
Total Assets	9,445,314	9,193,890	11,388,202	9,594,470	16,944,496	
Total Liabilities	5,217,196	4,762,301	6,572,302	5,112,175	4,694,361	
Net Fund Balances	4,228,118	4,431,589	4,815,900	4,482,295	12,250,135	