

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2022, or fiscal year beginning **7/01**, 2022, and ending **6/30**, 20**23****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2022****United Way of Southern Nevada**

EIN or SSN

88-0071328Name and title of officer or person subject to tax **Julian High**
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** 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**, **7b**, **8b**, **9b**, or **10b**, 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	12,622,253
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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

01/22/24**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.

88745410041

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

Date

01/22/24**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2022)

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2022**Open to Public
Inspection****A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending**C** Name of organization**United Way of Southern Nevada**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

5830 W. Flamingo Road

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Las Vegas**NV 89103****D** Employer identification number**88-0071328****E** Telephone number**702-734-2273****G** Gross receipts \$ **12,834,762****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? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.uwsn.org****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1957****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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	3286
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,977,114	12,531,313
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,457	12,301
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,496	99,652
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,855	-21,013
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,207,930	12,622,253
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,730,076	6,198,637
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,745,990	4,014,979
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	2,985,458	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,653,781	3,058,899
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,129,847	13,272,515
	19 Revenue less expenses. Subtract line 18 from line 12	-2,921,917	-650,262
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,273,511	10,914,856
	22 Net assets or fund balances. Subtract line 21 from line 20	3,942,286	2,233,921
		9,331,225	8,680,935

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

Date

Julian High**CEO**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

P01530213**Preparer
Use Only**

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**

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.

Form **990** (2022)

DAA

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 \$ **5,741,737** including grants of \$ **5,239,893**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **1,312,707** including grants of \$ **1,312,707**) (Revenue \$ **12,301**)

See Schedule O

4c (Code:) (Expenses \$ **1,936,817** including grants of \$) (Revenue \$)

See Schedule O

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

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

4e Total program service expenses **8,991,261**

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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? <i>If "Yes," complete Schedule J</i>	23 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 66	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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	53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			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	3b				
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)?	4a			X	
b	If "Yes," enter the name of the foreign country 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?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
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?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
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?	7a			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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?	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			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?	8			X	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			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?	12a				
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.	13a				
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?	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
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.	15			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.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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

	1a	21	1b	21	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.		21		21		
b Enter the number of voting members included on line 1a, above, who are independent						
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?					2	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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	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?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	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					9	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?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

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

Organization**5830 W Flamingo****Las Vegas****NV 89103****702-892-2320**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Julian High	40.00									
CEO	0.00			X				242,828	0	5,670
(2) Brett McAnnany	40.00									
Director, Donor	0.00					X		110,805	0	6,634
(3) Jason Diorio	40.00									
Director, Corporate	0.00					X		106,742	0	7,062
(4) Janet Quintero	40.00									
VP External Affairs	0.00					X		100,236	0	7,776
(5) Stephanie Lewton	40.00									
VP Finance	0.00			X				90,607	0	405
(6) April Augustine	4.00									
Director	0.00	X						0	0	0
(7) Brad Austin	4.00									
Director	0.00	X						0	0	0
(8) Irene Adams Bustamante	4.00									
Director	0.00	X						0	0	0
(9) Diane Carlson	4.00									
Director	0.00	X						0	0	0
(10) Patty Charlton	4.00									
Director	0.00	X						0	0	0
(11) Oliver Chow	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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Martin Cordova	4.00									
Director	0.00	X						0	0	0
(13) Skylar Dice	4.00									
Director	0.00	X						0	0	0
(14) Nadia Hansen	4.00									
Director	0.00	X						0	0	0
(15) Morris Jackson II	4.00									
Director	0.00	X						0	0	0
(16) Cherisse Johnson	4.00									
Director	0.00	X						0	0	0
(17) Michelle Mercado	4.00									
Director	0.00	X						0	0	0
(18) Jerrie Merritt	4.00									
Director	0.00	X						0	0	0
(19) Carl Nassib	4.00									
Director	0.00	X						0	0	0
1b Subtotal								651,218		27,547
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								651,218		27,547

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
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 RevenueCheck 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	129,132				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,815,893				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,586,288				
	g Noncash contributions included in lines 1a-1f	1g	\$ 448,173				
	h Total. Add lines 1a-1f			12,531,313			
	Program Service Revenue	2a Meetings and events	Business Code	624410	12,301	12,301	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				12,301			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			99,652		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	6a	6,700					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	6,700				
	d Net rental income or (loss)			6,700			6,700
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a						
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 129,132 of contributions reported on line 1c). See Part IV, line 18	8a	212,509				
	b Less: direct expenses	8b	212,509				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Miscellaneous	Business Code	541900	26,200			26,200
	b Loss on debt extinguishment			-53,913			-53,913
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-27,713			
	12 Total revenue. See instructions			12,622,253	12,301	0	78,639

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	49,000	49,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,149,637	6,149,637		
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	426,488	97,119	232,250	97,119
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,093,043	966,070	553,543	1,573,430
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,202	21,305	9,620	35,277
9 Other employee benefits	157,023	47,666	33,838	75,519
10 Payroll taxes	272,223	82,346	60,314	129,563
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,250		45,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	793		793	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	267,040	156,313	51,879	58,848
12 Advertising and promotion	283,202	94,938	208	188,056
13 Office expenses	1,006,150	470,641	118,965	416,544
14 Information technology				
15 Royalties				
16 Occupancy	160,415	41,553	69,518	49,344
17 Travel	218,892	60,851	22,150	135,891
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,065	14,750	5,370	32,945
20 Interest	16,656		16,656	
21 Payments to affiliates	138,542	20,039	18,786	99,717
22 Depreciation, depletion, and amortization	109,433	34,399	32,249	42,785
23 Insurance	37,756	9,780	16,362	11,614
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 Community Distribution	475,539	475,539		
b Community event fees	246,166	199,315	8,045	38,806
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,272,515	8,991,261	1,295,796	2,985,458
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 SheetCheck 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	8,059,530	1	6,996,307
	2 Savings and temporary cash investments	315,803	2	14,951
	3 Pledges and grants receivable, net	2,575,606	3	1,583,548
	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	37,742	9	40,626
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,411,565		
	b Less: accumulated depreciation	10b 1,132,141	10c 2,284,830	2,279,424
	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)	13,273,511	16	10,914,856	
Liabilities	17 Accounts payable and accrued expenses	1,379,739	17	1,423,839
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	999,625	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,562,922	25	810,082
	26 Total liabilities. Add lines 17 through 25	3,942,286	26	2,233,921
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	8,589,542	27	7,842,506
	28 Net assets with donor restrictions	741,683	28	838,429
	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	9,331,225	32	8,680,935
33 Total liabilities and net assets/fund balances	13,273,511	33	10,914,856	

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck 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	12,622,253
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,272,515
3	Revenue less expenses. Subtract line 2 from line 1	3	-650,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,331,225
5	Net unrealized gains (losses) on investments	5	-28
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	8,680,935

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) John Page	4.00									
Vice Chair	0.00	X		X				0	0	0
(21) Scott Savarda	4.00									
Director	0.00	X						0	0	0
(22) Marta Schmitt	4.00									
Director	0.00	X						0	0	0
(23) Monte Smith	4.00									
Secretary	0.00	X		X				0	0	0
(24) Don Snyder	4.00									
Chair	0.00	X		X				0	0	0
(25) Denette Suddeth	4.00									
Treasurer	0.00	X		X				0	0	0
(26) Tom Wszalek	4.00									
Director	0.00	X						0	0	0
(27) James Ekstrand	40.00									
Interim VP Finance	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

	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>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022**Open to Public
Inspection**

Attach to Form 990 or Form 990-EZ.

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

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).)
- 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 on 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						

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,895,849	10,883,929	18,770,397	8,977,114	12,531,313	67,058,602
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	15,895,849	10,883,929	18,770,397	8,977,114	12,531,313	67,058,602
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)						638,811
6 Public support. Subtract line 5 from line 4						66,419,791

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15,895,849	10,883,929	18,770,397	8,977,114	12,531,313	67,058,602
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,039	66,045	49,216	54,098	106,352	361,750
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,035	32,409	19,670	1,855		77,969
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						67,498,321
12 Gross receipts from related activities, etc. (see instructions)					12	1,091,010

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	98.40 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.36 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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? *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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a governmental entity (see instructions).*

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in **Part VI**.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

United Way of Southern Nevada**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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

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	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. Department of Education 400 Maryland Ave, SW Washington DC 20202	\$ 1,829,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	William Boyd 6465 S. Rainbow Blvd. Las Vegas NV 89118	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Anonymous 5830 W. Flamingo Rd Las Vegas NV 89103	\$ 1,000,000	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.)

**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

2022**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	8	
2 Aggregate value of contributions to (during year)	21,615	
3 Aggregate value of grants from (during year)	10,000	
4 Aggregate value at end of year	75,192	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

DAA

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 ☐

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	646,243	1,662,398
c Leasehold improvements		230,740	175,610	55,130
d Equipment		435,184	310,288	124,896
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,279,424

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.)		

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.)		

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.)	

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) Designations	677,002
(3) Finance lease liability	63,615
(4) Refundable advances	44,465
(5) Due to exempt organizations	25,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	810,082

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	12,215,366
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-28
b	Donated services and use of facilities	2b	15,560
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	53,913
e	Add lines 2a through 2d	2e	69,445
3	Subtract line 2e from line 1	3	12,145,921
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	793
b	Other (Describe in Part XIII.)	4b	475,539
c	Add lines 4a and 4b	4c	476,332
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,622,253

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	12,865,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,560
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	53,913
e	Add lines 2a through 2d	2e	69,473
3	Subtract line 2e from line 1	3	12,796,183
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	793
b	Other (Describe in Part XIII.)	4b	475,539
c	Add lines 4a and 4b	4c	476,332
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,272,515

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 2d - Revenue Amounts Included in Financials - Other

Loss on extinguishment of debt	\$	53,913
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Part XI, Line 4b - Revenue Amounts Included on Return - Other

Donor designations	\$	475,539
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Part XII, Line 2d - Expense Amounts Included in Financials - Other

Loss on extinguishment of debt	\$	53,913
--------------------------------	----	--------

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

Donor designations	\$	475,539
--------------------	----	---------

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022Open to Public
Inspection**United Way of Southern Nevada**

Employer identification number

88-0071328**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<u>Women United</u> (event type)	<u>Golf Tournament</u> (event type)	<u>None</u> (total number)	
Revenue	1 Gross receipts	213,629	128,012		341,641
	2 Less: Contributions	90,061	39,071		129,132
	3 Gross income (line 1 minus line 2)	123,568	88,941		212,509
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	100,169	42,761		142,930
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,400	46,179		69,579
	10 Direct expense summary. Add lines 4 through 9 in column (d)				212,509
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

- Address _____

- Address _____

- Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

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

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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Employer identification number

United Way of Southern Nevada

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Green Our Planet 6795 Edmond St Las Vegas NV 89118	NV 89118	38-3883213	3	24,000		FMV		Charitable
(2) Las Vegas Clark County Library Dist 7060 W. Windmill Lane Las Vegas NV 89113	NV 89113	27-0035192	3	25,000		FMV		Charitable
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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) (2022)

DAA

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 Education program	3	15,600		Cash	
2 NV Ready	594	5,219,893		Cash	
3 AEAP	2261	758,784		Cash	
4 Other	4286	155,360		Cash	
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

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SCHEDULE I (Form 990)		Supplemental Information		2022
		For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23		
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 \$49,000, consisting of 2 recipients. In addition, the Organization gave 40 recipients of crisis funds totaling \$78,595 and 49 recipients of grants less than \$5,000 totaling \$50,000. The combined total of all grants to organizations and individuals is \$6,674,175 to 7,144 recipients.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022**Open to Public Inspection****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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Julian High	(i)	198,615	44,213	0	5,670	248,498	0
	CEO	(ii)	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)						

Part III	Supplemental Information
----------	--------------------------

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

**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

2022**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 (Supplies)	X	591	448,173	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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.

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

Schedule M (Form 990) 2022

Part II

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**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.

United Way's staff works closely with community members to solve complex

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

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

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.

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

Name of the organization

Employer identification number

United Way of Southern Nevada

88-0071328

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.

For more information, go to uwsn.org.

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

United Way of Southern Nevada administers public and private funding for early education and provided related programs and services, including support for preschool scholarships through the Nevada Ready! State Pre-Kindergarten program and Neighborhood Network. The goal of UWSN's early education programs is to expand access to, and enrollment in, high-quality early education programs in center-based and home-based settings across the State of Nevada.

United Way of Southern Nevada is expanding access to high-quality school readiness programs in partnership with the Nevada Department of Education through the NV Ready! State Pre-K Program. In 2022-2023 UWSN supported 594 children and families with free preschool seats at private and independent early education centers across the State of Nevada. Outcomes include increased equitable access for children from low-income households to attend high-quality PreK programs, financial relief for parents, technical assistance for preschools to expand family participation in their child's academic journey, and tracking student learning outcomes. Neighborhood Network is a peer-focused professional development opportunity for home-based childcare providers that includes peer networking and support, CPR and First Aid Training, Sponsored Field Trips, Professional Development, and Parent Engagement Workshops. In 2022-2023, Neighborhood Network ensured

Name of the organization

Employer identification number

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

over 150 home-based childcare providers had access to key supportive resources, learning opportunities, and professional networking.

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

United Way of Southern Nevada provides Community Impact Grants to nonprofit organizations working to improve Student Success, Workforce Development, and Community Support in Southern Nevada. The goal of the UWSN grant program is to identify charitable programs that are effective at helping students reach their potential, those that are effective at helping people find a pathway into the workforce, and those that help people avoid crises and maintain household stability. In 2022-2023, UWSN made grants to 38 nonprofit organizations to improve high school graduation rates, increase the percentage of workers with full-time work, and reduce the number of low-income households and families in poverty in Southern Nevada.

In 2022-2023, Community Impact Grants supported 60 young children with early literacy programs; 8,011 students enrolled in afterschool and enrichment programs; 423 students received assistance in the transition to college and career; 2,664 people supported with job training and career skills training; 1,100 people assisted through crisis support; 634 people received free or low-cost healthcare services; and 248 households received housing assistance.

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

United Way of Southern Nevada ensures the availability of emergency support in Southern Nevada through multiple programs providing food, housing, and utility assistance. The goal of these programs is to maintain household

Name of the organization

Employer identification number

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

stability for all residents of Southern Nevada.

UWSN administers Project REACH, an energy assistance program supporting low-income older adults; the Emergency Food and Shelter Program, a federally-funded program ensuring the availability of mass shelter, rent assistance, temporary shelter, food assistance, and utility payment assistance to residents in Southern Nevada; and a series of corporate Crisis Funds, an emergency assistance program to support workers facing a life, medical, or related crisis.

UWSN also administers the Anti-terrorism and Emergency Assistance Program, which provides mental health services to victims and survivors of the 1 October 2017 mass shooting. In 2022-2023, UWSN Emergency Assistance programs supported 201,710 people with food assistance; 2,473 households with rent, mortgage, hotel/motel, or shelter assistance; 3,019 households with energy, gas, water, and sewer bills; and 1,271 people were supported with mental health services.

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

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

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

Loss on extinguishment of debt	\$ 53,913
Donor designations	\$ -475,539
Loss on extinguishment of debt	\$ -53,913
Donor designations	\$ 475,539

Form 990, Part XII - Additional Information

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

CONNECTED, INTERDEPENDENT, UNITED.

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

That's what it means to Live United.

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

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

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

Federal Asset Report

FYE: 6/30/2023

Form 990, Page 1

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

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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

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

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

Form 990	Two Year Comparison Report For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23	2021 & 2022
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Name

Taxpayer Identification Number

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

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 5,903,401	7,715,420	1,812,019
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 3,073,713	4,815,893	1,742,180
	4. Program service revenue	4. 175,457	12,301	-163,156
	5. Investment income	5. 98	99,652	99,554
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -1,594		1,594
	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. 56,855	-21,013	-77,868
	12. Total revenue. Add lines 1 through 11	12. 9,207,930	12,622,253	3,414,323
Expenses	13. Grants and similar amounts paid	13. 6,730,076	6,198,637	-531,439
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 417,805	426,488	8,683
	16. Salaries, other compensation, and employee benefits	16. 2,328,185	3,588,491	1,260,306
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 514,286	313,083	-201,203
	19. Occupancy, rent, utilities, and maintenance	19. 129,543	160,415	30,872
	20. Depreciation and Depletion	20. 110,979	109,433	-1,546
	21. Other expenses	21. 1,898,973	2,475,968	576,995
	22. Total expenses. Add lines 13 through 21	22. 12,129,847	13,272,515	1,142,668
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -2,921,917	-650,262	2,271,655
Other Information	24. Total exempt revenue	24. 9,207,930	12,622,253	3,414,323
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 230,816	90,940	-139,876
	27. Total assets	27. 13,273,511	10,914,856	-2,358,655
	28. Total liabilities	28. 3,942,286	2,233,921	-1,708,365
	29. Retained earnings	29. 9,331,225	8,680,935	-650,290
	30. Number of voting members of governing body	30. 20	21	
	31. Number of independent voting members of governing body	31. 20	21	
	32. Number of employees	32. 43	53	
	33. Number of volunteers	33. 3491	3286	

Form 990	Tax Return History		2022
Name		Employer Identification Number	
United Way of Southern Nevada		88-0071328	

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	15,895,849	10,883,929	18,770,397	8,977,114	12,531,313	
Membership dues						
Program service revenue	301,387	180,014	104,749	175,457	12,301	
Capital gain or loss			899	-1,594		
Investment income	1,052	995	116	98	99,652	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	110,022	98,459	69,770	56,855	-21,013	
Total revenue	16,308,310	11,163,397	18,945,931	9,207,930	12,622,253	
Grants and similar amounts paid	9,850,387	7,591,974	7,555,846	6,730,076	6,198,637	
Benefits paid to or for members						
Compensation of officers, etc.	254,175		402,815	417,805	426,488	
Other compensation	1,686,752	1,838,893	1,508,226	2,328,185	3,588,491	
Professional fees	454,604	634,181	331,008	514,286	313,083	
Occupancy costs	131,098	109,700	121,456	129,543	160,415	
Depreciation and depletion	103,346	110,695	109,881	110,979	109,433	
Other expenses	3,443,502	1,211,523	1,149,102	1,898,973	2,475,968	
Total expenses	15,923,864	11,496,966	11,178,334	12,129,847	13,272,515	
Excess or (Deficit)	384,446	-333,569	7,767,597	-2,921,917	-650,262	
Total exempt revenue	16,308,310	11,163,397	18,945,931	9,207,930	12,622,253	
Total unrelated revenue						
Total excludable revenue	412,461	279,468	175,534	230,816	90,940	
Total Assets	11,388,202	9,594,470	16,944,496	13,273,511	10,914,856	
Total Liabilities	6,572,302	5,112,175	4,694,361	3,942,286	2,233,921	
Net Fund Balances	4,815,900	4,482,295	12,250,135	9,331,225	8,680,935	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest Income	\$ 99,652		14			
Total	\$ 99,652					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Consultants	\$ 257,286	\$ 153,362	\$ 49,718	\$ 54,206
Payroll service fees	9,754	2,951	2,161	4,642
Total	\$ 267,040	\$ 156,313	\$ 51,879	\$ 58,848

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	\$ 4,815,893
Contributions	7,138,115
In-kind	448,173
Golf Tournament	
Cash Contribution	39,071
Women United	
Cash Contribution	90,061
Total	\$ 12,531,313

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
NV Energy	\$ 1,988,777	\$ 638,811
Samuel Lionel	136,500	
Edward T. Grigonis	587,487	
William Boyd	1,000,000	
Anonymous	1,000,000	
Thomas Family Donor Advised Fund	250,000	
Total	\$ 4,962,764	\$ 638,811

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 99,652
Office space rental	6,700
Total	\$ 106,352

Schedule A, Part II, Line 9(e)

Description	Amount
Miscellaneous	\$ 26,200
Loss on debt extinguishment	-53,913
Less: Deductions	-1,000
Total	\$ -28,713

Schedule A, Part II, Line 12 - Current year

Description	Amount
Meetings and events	\$ 12,301
Golf Tournament	88,941
Women United	123,568
Total	\$ 224,810

Golf Tournament		<u>Other Direct Fundraising or Gaming Expenses</u>	
Description		Amount	
Event Supplies		\$	46,179
Advertising			
Total		\$	<u>46,179</u>

Women United	
<u>Other Direct Fundraising or Gaming Expenses</u>	
Description	Amount
Profesional fees	\$ 4,545
Other event expenses	18,855
Total	<u>\$ 23,400</u>

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2022, or fiscal year beginning **7/01**, 2022, and ending **6/30**, 20**23****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2022****United Way of Southern Nevada**

EIN or SSN

88-0071328Name and title of officer or person subject to tax **Julian High**
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** 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**, **7b**, **8b**, **9b**, or **10b**, 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	12,622,253
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 V, 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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 **01/22/24****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.

88745410041

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 _____ Date **01/22/24****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAAForm **8879-TE** (2022)