

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

88-0071328

UNITED WAY OF SOUTHERN NEVADA

Net Asset / Fund Balance at Beginning of Year		<u>6,655,601</u>
Revenue		
Contributions	<u>20,502,068</u>	
Program service revenue	<u>136,000</u>	
Investment income	<u>216,282</u>	
Capital gain / loss	<u>79</u>	
Fundraising / Gaming:		
Gross revenue	<u>125,051</u>	
Direct expenses	<u>125,051</u>	
Net income	<u>0</u>	
Other income	<u>2,215</u>	
Total revenue		<u>20,856,644</u>
Expenses		
Program services	<u>18,487,592</u>	
Management and general	<u>1,948,424</u>	
Fundraising	<u>1,079,040</u>	
Total expenses		<u>21,515,056</u>
Excess / (deficit)		<u>-658,412</u>
Changes		<u>-4,239</u>
Net Asset / Fund Balance at End of Year		<u>5,992,950</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>20,517,900</u>
Less:	
Unrealized gains	<u>-4,239</u>
Donated services	<u>77,239</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>246</u>
Other	<u>411,498</u>
Total revenue per return	<u>20,856,644</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>21,180,551</u>
Less:	
Donated services	<u>77,239</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>246</u>
Other	<u>411,498</u>
Total expenses per return	<u>21,515,056</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>9,141,957</u>	<u>11,053,077</u>	
Liabilities	<u>2,486,356</u>	<u>5,060,127</u>	
Net assets	<u>6,655,601</u>	<u>5,992,950</u>	<u>-662,651</u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/26
Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHERN NEVADA		D Employer identification number 88-0071328
	Doing business as		E Telephone number 702-734-2273
	Number and street (or P.O. box if mail is not delivered to street address) 5830 W. FLAMINGO ROAD		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89103		G Gross receipts \$ 20,981,695
F Name and address of principal officer: SAMUEL RUDD 5830 W. FLAMINGO ROAD LAS VEGAS NV 89103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.UWSN.ORG		L Year of formation: 1957	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	4277
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,685,589	20,502,068
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		136,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,226	216,361
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,179	2,215
		13,953,994	20,856,644
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,258,760	14,628,844
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,947,413	3,641,388
	16a Professional fundraising fees (Part IX, column (A), line 11e)		48,775
	b Total fundraising expenses (Part IX, column (D), line 25)	1,079,040	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,803,249	3,196,049
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,009,422	21,515,056
19 Revenue less expenses. Subtract line 18 from line 12	-2,055,428	-658,412	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,141,957	11,053,077
	22 Net assets or fund balances. Subtract line 21 from line 20	2,486,356	5,060,127
	6,655,601	5,992,950	

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 SAMUEL RUDD		Date	
	Type or print name and title PRESIDENT & CEO			
Paid Preparer Use Only	Preparer's name JESSICA P SAYLES	Preparer's signature JESSICA P SAYLES	Date 04/08/26	Check <input type="checkbox"/> if self-employed PTIN P01530213
	Firm's name HOULDSWORTH, RUSSO & COMPANY, P.C	Firm's EIN 88-0374623	Phone no. 702-269-9992	
Firm's address 6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **14,122,227** including grants of \$ **11,855,379**) (Revenue \$ **136,000**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **1,750,806** including grants of \$ **1,294,633**) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ **2,614,559** including grants of \$ **1,478,835**) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **18,487,592**

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>	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>	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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		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>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	33
1b	0

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	48		
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

		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.	22	
b	Enter the number of voting members included on line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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.

JAMES EKSTRAND

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) SAMUEL RUDD PRESIDENT & CEO	40.00 0.00			X				208,916	0	15,646
(2) AARON KROLIKOWSKI VP PROGRAMS (PREV)	40.00 0.00				X			158,842	0	14,348
(3) KAREN ALONSO CHIEF ADVAN OFF.	40.00 0.00				X			157,106	0	12,178
(4) JANET QUINTERO CHIEF STRATEGY OFF.	40.00 0.00					X		139,417	0	12,572
(5) JULIAN HIGH PRES & CEO (PREV)	40.00 0.00			X				131,908	0	8,847
(6) ZINA ALLEN VP HR (PREV)	40.00 0.00					X		111,847	0	9,817
(7) JULIE HOUCHINS SR. DIR EARLY EDUC	40.00 0.00					X		101,408	0	9,152
(8) JAMES EKSTRAND CONTROLLER (PREV)	40.00 0.00			X				100,852	0	9,101
(9) MICHAEL KATIGBAK CFO	40.00 0.00			X				0	0	0
(10) DON SNYDER CHAIR	4.00 0.00	X		X				0	0	0
(11) DIANE CARLSON VICE CHAIR	4.00 0.00	X		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) JOHN PAGE										
(12) TREASURER	4.00 0.00			X		X		0	0	
(13) DULCINEA RONGAVILLA										
(13) SECRETARY	4.00 0.00			X		X		0	0	
(14) JEREMY AGUERO										
(14) DIRECTOR	4.00 0.00			X				0	0	
(15) APRIL AUGUSTINE										
(15) DIRECTOR	4.00 0.00			X				0	0	
(16) JACOB BUNDICK										
(16) DIRECTOR	4.00 0.00			X				0	0	
(17) MARTIN CORDOVA										
(17) DIRECTOR	4.00 0.00			X				0	0	
(18) SHANNON DEMUS										
(18) DIRECTOR	4.00 0.00			X				0	0	
(19) MORRIS JACKSON II										
(19) DIRECTOR	4.00 0.00			X				0	0	
1b Subtotal							1,110,296		91,661	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,110,296		91,661	

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 **8**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	297,411				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,440,987				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,763,670				
	g Noncash contributions included in lines 1a-1f	1g	\$ 446,088				
	h Total. Add lines 1a-1f		20,502,068				
	Program Service Revenue	2a PROGRAM REVENUE	Business Code	624410	136,000	136,000	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			136,000				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		216,282			216,282	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	79			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c	79				
	d Net gain or (loss)		79	79			
8a Gross income from fundraising events (not including \$ 297,411 of contributions reported on line 1c). See Part IV, line 18	8a		125,051				
		b Less: direct expenses	8b	125,051			
		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	2,215		2,215	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		2,215				
12 Total revenue. See instructions		20,856,644	136,079	0	218,497		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,229,965	2,229,965		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,398,879	12,398,879		
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	602,557	153,354	295,849	153,354
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,587,645	1,268,102	850,017	469,526
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,126	11,470	3,878	1,778
9 Other employee benefits	204,337	97,018	69,283	38,036
10 Payroll taxes	229,723	103,018	82,083	44,622
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,250		46,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	48,775			48,775
f Investment management fees	246		246	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	926,375	808,499	60,653	57,223
12 Advertising and promotion	140,651	4,134	52,257	84,260
13 Office expenses	1,002,658	710,742	206,685	85,231
14 Information technology				
15 Royalties				
16 Occupancy	105,735	44,753	41,971	19,011
17 Travel	111,604	56,191	39,715	15,698
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	91,446	59,388	22,976	9,082
20 Interest	64,255		64,255	
21 Payments to affiliates	145,229	62,916	56,141	26,172
22 Depreciation, depletion, and amortization	103,480	44,507	40,016	18,957
23 Insurance	40,684	17,220	16,149	7,315
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	411,498	411,498		
b COMMUNITY EVENT FEES	5,938	5,938		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,515,056	18,487,592	1,948,424	1,079,040
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,802,456	1	3,418,158
	2	Savings and temporary cash investments	14,734	2	14,520
	3	Pledges and grants receivable, net	2,233,194	3	2,431,046
	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	65,659	9	93,104
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,487,513		
	b	Less: accumulated depreciation	10b 1,345,424	10c	2,142,089
	11	Investments—publicly traded securities	1,820,463	11	2,954,160
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,141,957	16	11,053,077	
Liabilities	17	Accounts payable and accrued expenses	1,395,136	17	2,852,645
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	1,091,220	25	2,207,482
	26	Total liabilities. Add lines 17 through 25	2,486,356	26	5,060,127
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	5,827,970	27	5,271,119
	28	Net assets with donor restrictions	827,631	28	721,831
	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	6,655,601	32	5,992,950
33	Total liabilities and net assets/fund balances	9,141,957	33	11,053,077	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,856,644
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,515,056
3	Revenue less expenses. Subtract line 2 from line 1	3	-658,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,655,601
5	Net unrealized gains (losses) on investments	5	-4,239
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	5,992,950

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (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) CATHY JONES										
(12) DIRECTOR	4.00 0.00	X					0	0	0	
(21) JILIAN LOPEZ										
(13) DIRECTOR	4.00 0.00	X					0	0	0	
(22) DAWN MACK										
(14) DIRECTOR	4.00 0.00	X					0	0	0	
(23) SUSIE MARTINEZ										
(15) DIRECTOR	4.00 0.00	X					0	0	0	
(24) JERRIE MERRITT										
(16) DIRECTOR	4.00 0.00	X					0	0	0	
(25) JASON PARKER										
(17) DIRECTOR	4.00 0.00	X					0	0	0	
(26) SHANE ROGERS										
(18) DIRECTOR	4.00 0.00	X					0	0	0	
(27) SCOTT SAVARDA										
(19) DIRECTOR	4.00 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? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

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

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

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			
(28) MARTA SCHMITT										
(12) DIRECTOR	4.00 0.00	X						0	0	0
(29) DENETTE SUDDETH										
(13) DIRECTOR	4.00 0.00	X						0	0	0
(30) JOSH SWISSMAN										
(14) DIRECTOR	4.00 0.00	X						0	0	0
(31) BILL TOMPKINS										
(15) DIRECTOR	4.00 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
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>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,770,397	8,977,114	12,531,313	13,685,589	20,502,068	74,466,481
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	18,770,397	8,977,114	12,531,313	13,685,589	20,502,068	74,466,481
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)						
6 Public support. Subtract line 5 from line 4						74,466,481

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	18,770,397	8,977,114	12,531,313	13,685,589	20,502,068	74,466,481
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,216	54,098	106,352	216,083	216,282	642,031
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,670	1,855		52,179	2,215	75,919
11 Total support. Add lines 7 through 10						75,184,431

12 Gross receipts from related activities, etc. (see instructions) 12 1,097,141

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 2024 (line 6, column (f), divided by line 11, column (f))	14	99.05 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.90 %

16a 33 1/3% support test — 2024. 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

b 33 1/3% support test — 2023. 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

17a 10%-facts-and-circumstances test — 2024. 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

b 10%-facts-and-circumstances test — 2023. 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

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2024.** 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 — 2023.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ **73,704**

Schedule B
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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	THE ROBERT E DONAHUE REVOCABLE LIVING TRUST 5830 W FLAMINGO RD LAS VEGAS NV 89103	\$ 707,999	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NV ENERGY CHARITABLE FUND PO BOX 10100 RENO NV 89520-0024	\$ 750,105	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF SOUTHERN NEVADA	Employer identification number (EIN) 88-0071328
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		48,775
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			48,775
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

DURING THE YEAR PAID STAFF OF UNITED WAY RESEARCHED NONPROFIT POLICY ISSUES AND CREATED A PRESENTATION FOR A MEETING WITH A NEVADA ASSEMBLYMAN TO SEEK SPONSORSHIP AND SUPPORT OF A PROPOSED BILL ON ADVANCED PAYMENT POLICY IN THE 2025 NEVADA LEGISLATIVE SESSION.

DURING 2025, UNITED WAY ALSO PAID AN OUTSIDE LOBBYING CONSULTANT TO WORK FURTHER ON THEIR SUPPORT.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (5), aggregate value of contributions, aggregate value of grants, aggregate value at end of year (19,360), and questions about donor advisement and grant fund usage.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures for public service and for financial gain.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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) LINE OF CREDIT	1,475,000
(3) DESIGNATIONS	589,899
(4) REFUNDABLE ADVANCES	105,483
(5) FINANCE LEASE LIABILITY	37,100
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,207,482

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	20,517,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,239
b	Donated services and use of facilities	2b	77,239
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	73,000
3	Subtract line 2e from line 1	3	20,444,900
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	246
b	Other (Describe in Part XIII.)	4b	411,498
c	Add lines 4a and 4b	4c	411,744
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,856,644

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	21,180,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	77,239
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	77,239
3	Subtract line 2e from line 1	3	21,103,312
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	246
b	Other (Describe in Part XIII.)	4b	411,498
c	Add lines 4a and 4b	4c	411,744
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,515,056

Part XIII Supplemental Information

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
DONOR DESIGNATIONS \$ **411,498**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
DONOR DESIGNATIONS \$ **411,498**

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I Fundraising Activities. Complete if the organization answered "Yes" 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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

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

b If "Yes," list the 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.

NEVADA

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	
		<u>WOMEN UNITED</u> (event type)	<u>DAY OF CARING</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	180,093	174,000	68,369	422,462
	2	Less: Contributions	113,716	140,395	43,300	297,411
	3	Gross income (line 1 minus line 2)	66,377	33,605	25,069	125,051
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	32,174	1,500	14,850	48,524
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	34,204	32,105	10,218	76,527
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" 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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	ARRIBA LAS VEGAS WORKER CENTER 3020 E. BONANZA RD. SUITE 190 LAS VEGAS NV 89101	83-4206510	3	30,000				CHARITABLE
(2)	BABY'S BOUNTY 3400 W. DESERT INN STE 24 LAS VEGAS NV 89102	26-2678979	3	7,500				CHARITABLE
(3)	BIG BROTHERS BIG SISTERS OF 4065 EAST POST ROAD LAS VEGAS NV 89120	51-0136847	3	59,819				CHARITABLE
(4)	CRISTO REY ST. VIATOR COLLEGE 2880 N VAN DER MEER ST NORTH LAS VEGAS NV 89030	82-1415378	3	64,000				
(5)	DESERT SPRING COMMUNITY RESOURCE 120 N. PAVILION CENTER DR LAS VEGAS NV 89144	87-1472348	3	11,250				CHARITABLE
(6)	DISCOVERY CHILDREN'S MUSEUM 360 PROMENADE PLACE LAS VEGAS NV 89106	94-2943891	3	45,000				CHARITABLE
(7)	DRESS FOR SUCCESS SOUTHERN NV PO BOX 94194 LAS VEGAS NV 89193	27-1228948	3	10,000				CHARITABLE
(8)	EQUALITY PROJECT 1490 W. SUNSET RD STE 120 HENDERSON NV 89014	27-2049717	3	15,000				CHARITABLE
(9)	EYE CARE 4 KIDS NEVADA 6150 W. SMOKE RANCH RD. LAS VEGAS NV 89108	81-0712998	3	22,500				CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	FOSTER KINSHIP 3925 W. CHEYENNE AVE SUITE 401 N. LAS VEGAS NV 89032	45-4242425	3	20,000				CHARITABLE
(2)	FULFILLMENT FUND OF LAS VEGAS 3100 E. PATRICK LANE LAS VEGAS NV 89120	48-2083219	3	200,000				CHARITABLE
(3)	FUTURE SMILES 3074 ARVILLE STREET LAS VEGAS NV 89102	27-3160598	3	25,000				CHARITABLE
(4)	GAY AND LESBIAN COMMUNITY OF 401 SOUTH MARYLAND PARKWAY LAS VEGAS NV 89101	94-3192750	3	10,000				CHARITABLE
(5)	GIRLS ON THE RUN LAS VEGAS 3615 S. TOWN CENTER DRIVE STE 100 LAS VEGAS NV 89135	27-4431922	3	20,000				CHARITABLE
(6)	GOODWILL INDUSTRIES OF SOUTHERN 250 E. PILOT RD SUITE 140 LAS VEGAS NV 89119	23-7437479	3	25,000				CHARITABLE
(7)	GRANT A GIFT AUTISM FOUNDATION 630 S. RANCHO DR, STE D LAS VEGAS NV 89106	80-0350583	3	10,000				CHARITABLE
(8)	GREEN OUR PLANET 6795 EDMOND ST LAS VEGAS NV 89118	38-3883213	3	111,652				CHARITABLE
(9)	HELPING HANDS OF VEGAS VALLEY, INC 3640 N 5TH STREET SUITE 130 N LAS VEGAS NV 89032	88-0466726	3	30,000				CHARITABLE

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	HOPELINK OF SOUTHERN NEVADA 178 WESTMINSTER WAY HENDERSON NV 89015	94-3202139	3	10,000				CHARITABLE
(2)	IRON SHARPENS IRON MENTORING, INC 1300 S JONES BLVD LAS VEGAS NV 89146	47-5675816	3	20,000				
(3)	JOBS DAUGHTERS INTERNATIONAL PO BOX 3946 WILSONVILLE OR 97070	23-7231594	3	7,266				CHARITABLE
(4)	JOBS FOR NEVADA GRADUATES, INC (JA 4045 S. BUFFALO AVE. SUITE A101-128 LAS VEGAS NV 89147	80-0965597	3	53,548				CHARITABLE
(5)	JUNIOR ACHIEVEMENT 1921 N. RAINBOW BLVD., FL 2 LAS VEGAS NV 89108	88-0354481	3	100,000				CHARITABLE
(6)	LAS VEGAS NATIONAL BAR ASSOCIATION PO BOX 46001 LAS VEGAS NV 89114	26-3333653	3	15,000				CHARITABLE
(7)	LEADERS IN TRAINING 900 N. LAMB BLVD STE 130 LAS VEGAS NV 89110	45-4208055	3	240,000				CHARITABLE
(8)	NEIGHBORHOOD HOUSING SERVICES 1849 CIVIC CENTER DR NORTH LAS VEGAS NV 89030	88-0285930	3	11,250				CHARITABLE
(9)	NEVADA BALLET THEATER 1651 INNER CIRCLE LAS VEGAS NV 89134	94-2427112	3	33,000				CHARITABLE

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	NEVADA HAND, INC 295 W WARM SPRINGS RD. #101 LAS VEGAS NV 89119	84-1247057	3	32,500				CHARITABLE
(2)	NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY NV 89706	94-3199117	3	10,000				CHARITABLE
(3)	NEVADA RURAL COUNTIES RSVP PO BOX 1708 CARSON CITY NV 89702	94-3164032	3	25,000				CHARITABLE
(4)	NEVADA SOCIETY FOR THE PREVENTION 5375 PROCYON #108 LAS VEGAS NV 89118	88-0187383	3	22,500				CHARITABLE
(5)	NOAH'S ANIMAL HOUSE FOUNDATION 9811 WEST CHARLESTON BOULEVARD LAS VEGAS NV 89117	46-0869579	3	15,000				CHARITABLE
(6)	OLIVE CREST 4285 N RANCHO #160 LAS VEGAS NV 89130	95-2877102	3	15,000				CHARITABLE
(7)	PROJECT REAL 7175 BERMUDA RD LAS VEGAS NV 89119	43-2074467	3	7,500				CHARITABLE
(8)	REBUILDING TOGETHER SOUTHERN NEVADA 611 SOUTH NINTH STREET LAS VEGAS NV 89101	88-0323877	3	10,000				CHARITABLE
(9)	RESEARCH EDUCATION AND ACCESS FOR C 823 6TH ST LAS VEGAS NV 89101	27-4912114	3	25,000				CHARITABLE

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	S.A.F.E. HOUSE 921 AMERICAN PACIFIC DR STE 300 HENDERSON NV 89014	88-0314066	3	15,000				CHARITABLE
(2)	SAFE NEST 3900 MEADOWS LN LAS VEGAS NV 89107	94-2411883	3	10,000				CHARITABLE
(3)	SOLUTIONS OF CHANGE 2721 E RUSSELL RD LAS VEGAS NV 89120	81-4934271	3	10,000				CHARITABLE
(4)	SOUTHERN NEVADA PUBLIC TELEVISION 3050 E. FLAMINGO RD LAS VEGAS NV 89121	23-7169328	3	7,500				CHARITABLE
(5)	SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC AVE SUITE 160 HENDERSON NV 89074	22-3829041	3	120,000				CHARITABLE
(6)	ST JUDES RANCH FOR CHILDREN 100 ST. JUDES ST. BOULDER CITY NV 89005	20-2917263	3	15,000				CHARITABLE
(7)	TEACH FOR AMERICA 701 EAST BRIDGER AVE LAS VEGAS NV 89101	13-3541913	3	15,000				CHARITABLE
(8)	TECH IMPACT 417 N. 8TH ST. STE. 203 PHILADELPHIA PA 19123	74-3062511	3	15,000				CHARITABLE
(9)	THE ABILITY CENTER OF SOUTHERN 2724 SNOW CAP CIR LAS VEGAS NV 89117	86-1696149	3	12,500				CHARITABLE

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	THE FOUNDATION CHRISTIAN CENTER 4337 LAS VEGAS BLVD NORTH LAS VEGAS NV 89115	47-3097990	3	10,000				CHARITABLE
(2)	THE GARDEN FOUNDATION 7485 W AZURE DR., SUITE 130 LAS VEGAS NV 89130	82-1407387	3	7,500				CHARITABLE
(3)	THE NEON MUSEUM 770 LAS VEGAS BLVD NORTH LAS VEGAS NV 89101	88-0383932	3	10,000				CHARITABLE
(4)	THE PUBLIC EDUCATION FOUNDATION 4350 S. MARYLAND PKWY LAS VEGAS NV 89119	88-0275767	3	80,600				CHARITABLE
(5)	UNITED STATES VETERANS INITIATIVE 525 E BONANZA RD LAS VEGAS NV 89101	95-4382752	3	10,000				CHARITABLE
(6)	UNLV FOUNDATION 4505 MARYLAND PARKWAY BOX 451006 LAS VEGAS NV 89154-1006	94-2790134	3	181,000				CHARITABLE
(7)	UNSHAKEABLE 2654 W. HORIZON RIDGE PKWY #B5298 HENDERSON NV 89052	45-4638255	3	10,000				CHARITABLE
(8)	YMCA OF SOUTHERN NEVADA-HEINRICH 4141 MEADOWS LANE LAS VEGAS NV 89107	88-0059266	3	132,000				CHARITABLE
(9)								

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 NV READY	62	11,746,619		CASH	
2 EDUCATION PROGRAM	180	39,600		CASH	
3 PROJECT REACH	2194	612,660		CASH	
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE ORGANIZATION RECEIVES MONTHLY REPORTS THAT ARE REVIEWED BY COMMUNITY
 DEVELOPMENT STAFF. THESE REPORTS MUST BE RECEIVED BY THE 5TH OF EVERY
 MONTH FOR THE CHECKS/GRANTS TO BE CUT ON THE 10TH. UWSN REVIEWS THESE
 REPORTS TO SEE THAT THEY ARE ON TARGET TO REACH THE ESTABLISHED GOALS AND
 BENCHMARKS SET OUT IN THE ORIGINAL AGREEMENT WITH THE AGENCY. IF THE
 PROPER REPORTS ARE NOT SUBMITTED, PAYMENTS TO AN AGENCY CAN BE WITHHELD.

SCHEDULE J

(Form 990)

(Rev. December 2024)

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

Open to Public Inspection

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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 SAMUEL RUDD PRESIDENT & CEO	(i)	178,916	30,000	0	5,200	10,446	224,562	0
	(ii)	0	0	0	0	0	0	0
2 AARON KROLIKOWSKI VP PROGRAMS (PREV)	(i)	148,842	10,000	0	6,406	7,942	173,190	0
	(ii)	0	0	0	0	0	0	0
3 KAREN ALONSO CHIEF ADVAN OFF.	(i)	137,106	20,000	0	4,323	7,855	169,284	0
	(ii)	0	0	0	0	0	0	0
4 JANET QUINTERO CHIEF STRATEGY OFF.	(i)	123,982	15,435	0	5,601	6,971	151,989	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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.

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

Part I 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	1500	446,088	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**

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

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

NEVADA HAVE BEEN BASED UPON THE MODELS OF TRANSPARENCY AND EFFICIENCY. EACH YEAR, A LOCAL FINANCE COMMITTEE COMPRISED OF CPAS, ACCOUNTANTS, AND CORPORATE LEADERS REVIEWS THE ANNUAL BUDGET AND INTERNAL OPERATIONAL PROCEDURES. IN ADDITION, ON AN ANNUAL BASIS, AN INDEPENDENT, CERTIFIED PUBLIC ACCOUNTING FIRM CONDUCTS AN AUDIT IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS.
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 2024-2025, UWSN SUPPORTED 1,437 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 2024-2025, NEIGHBORHOOD NETWORK ENSURED OVER 50 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 2024-2025, UWSN MADE GRANTS TO 37 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 2024-2025, COMMUNITY IMPACT GRANTS SUPPORTED 8,471 STUDENTS ENROLLED IN AFTERSCHOOL AND ENRICHMENT PROGRAMS; 7,068 STUDENTS RECEIVED ASSISTANCE IN THE TRANSITION TO COLLEGE AND CAREER; 1,845 PEOPLE SUPPORTED WITH JOB TRAINING AND CAREER SKILLS TRAINING; 6,136 PEOPLE ASSISTED THROUGH CRISIS SUPPORT; AND 2,027 PEOPLE RECEIVED FREE OR LOW-COST HEALTHCARE SERVICES.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN NEVADA

Employer identification number

88-0071328

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 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.

IN 2024-2025, UWSN EMERGENCY ASSISTANCE PROGRAMS SUPPORTED 37,077 PEOPLE WITH FOOD ASSISTANCE; 1,449 HOUSEHOLDS WITH RENT, MORTGAGE, HOTEL/MOTEL, OR SHELTER ASSISTANCE; 2,339 HOUSEHOLDS WITH ENERGY, GAS, WATER, AND SEWER BILLS; AND 28 PEOPLE WERE SUPPORTED WITH OTHER EMERGENCY ASSISTANCE.

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
THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INVOLVES THE REVIEW AND APPROVAL BY THE BOARD CHAIR AND THE CHAIR OF THE HUMAN RESOURCES COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S ANNUAL AUDITED FINANCIAL STATEMENTS AND TAX FORM 990'S ARE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE AT UWSN.ORG.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONOR DESIGNATIONS	\$	-411,498
DONOR DESIGNATIONS	\$	411,498

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.

Federal Asset Report

Form 990, Page 1

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

Federal Asset Report

Form 990, Page 1

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

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	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

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

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	

Name UNITED WAY OF SOUTHERN NEVADA	Employer Identification Number 88-0071328
--	---

		(a) Other event <u>GOLF TOURNAMENT</u> <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	68,369			68,369
	2 Less: Charitable contributions	43,300			43,300
	3 Gross income <small>(line 1 minus line 2)</small>	25,069			25,069
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,850			14,850
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	10,218			10,218

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name **UNITED WAY OF SOUTHERN NEVADA** Taxpayer Identification Number **88-0071328**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	8,352,670	16,061,081	7,708,411
	2. Membership dues and assessments			
	3. Government contributions and grants	5,332,919	4,440,987	-891,932
	4. Program service revenue		136,000	136,000
	5. Investment income	216,083	216,282	199
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	143	79	-64
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	52,179	2,215	-49,964
	12. Total revenue. Add lines 1 through 11	13,953,994	20,856,644	6,902,650
Expenses	13. Grants and similar amounts paid	9,258,760	14,628,844	5,370,084
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	576,798	602,557	25,759
	16. Salaries, other compensation, and employee benefits	3,370,615	3,038,831	-331,784
	17. Professional fundraising fees		48,775	48,775
	18. Other professional fees	621,801	972,871	351,070
	19. Occupancy, rent, utilities, and maintenance	126,010	105,735	-20,275
	20. Depreciation and Depletion	110,461	103,480	-6,981
	21. Other expenses	1,944,977	2,013,963	68,986
	22. Total expenses. Add lines 13 through 21	16,009,422	21,515,056	5,505,634
	23. Excess or (Deficit). Subtract line 22 from line 12	-2,055,428	-658,412	1,397,016
Other Information	24. Total exempt revenue	13,953,994	20,856,644	6,902,650
	25. Total unrelated revenue			
	26. Total excludable revenue	268,405	354,576	86,171
	27. Total assets	9,141,957	11,053,077	1,911,120
	28. Total liabilities	2,486,356	5,060,127	2,573,771
	29. Retained earnings	6,655,601	5,992,950	-662,651
	30. Number of voting members of governing body	20	22	
	31. Number of independent voting members of governing body	20	22	
	32. Number of employees	50	48	
	33. Number of volunteers	3659	4277	

Form 990	Tax Return History	2024
-----------------	---------------------------	-------------

Name UNITED WAY OF SOUTHERN NEVADA	Employer Identification Number 88-0071328
--	---

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	18,770,397	8,977,114	12,531,313	13,685,589	20,502,068	
Membership dues						
Program service revenue	104,749	175,457	12,301		136,000	
Capital gain or loss	899	-1,594		143	79	
Investment income	116	98	99,652	216,083	216,282	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	69,770	56,855	-21,013	52,179	2,215	
Total revenue	18,945,931	9,207,930	12,622,253	13,953,994	20,856,644	
Grants and similar amounts paid	7,555,846	6,730,076	6,198,637	9,258,760	14,628,844	
Benefits paid to or for members						
Compensation of officers, etc.	402,815	417,805	426,488	576,798	602,557	
Other compensation	1,508,226	2,328,185	3,588,491	3,370,615	3,038,831	
Professional fees	331,008	514,286	313,083	621,801	1,021,646	
Occupancy costs	121,456	129,543	160,415	126,010	105,735	
Depreciation and depletion	109,881	110,979	109,433	110,461	103,480	
Other expenses	1,149,102	1,898,973	2,475,968	1,944,977	2,013,963	
Total expenses	11,178,334	12,129,847	13,272,515	16,009,422	21,515,056	
Excess or (Deficit)	7,767,597	-2,921,917	-650,262	-2,055,428	-658,412	
Total exempt revenue	18,945,931	9,207,930	12,622,253	13,953,994	20,856,644	
Total unrelated revenue						
Total excludable revenue	175,534	230,816	90,940	268,405	354,576	
Total Assets	16,944,496	13,273,511	10,914,856	9,141,957	11,053,077	
Total Liabilities	4,694,361	3,942,286	2,233,921	2,486,356	5,060,127	
Net Fund Balances	12,250,135	9,331,225	8,680,935	6,655,601	5,992,950	