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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **07/01, 2008**, and ending **06/30, 20 09**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **UNITED WAY OF SPOKANE COUNTY**
 Doing Business As **Spokane County United Way**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
920 N Washington Street Suite 100
 City or town, state or country, and ZIP + 4
Spokane, WA 99201

D Employer identification number
91 0606058

E Telephone number
(509) 838-6581

G Gross receipts \$ **4,947,296**

F Name and address of principal officer: **Tim Henkel**
920 N Washington Street, Suite 100, Spokane, WA 9

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **www.unitedwayspokane.org**

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1953**

M State of legal domicile: **WA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Spokane County United Way is a local, non-profit organization that partners with agencies, volunteers, donors and local businesses to identify community priorities and invest in programs that create lasting solutions for our community's most pressing human service care issues.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its 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 employees (Part V, line 2a) **5** **32**

6 Total number of volunteers (estimate if necessary) **6** **1,645**

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 155	196,966	4,793,050
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,214	45,052
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,940	70,697
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,120	4,908,799
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	423,676	3,186,963
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	174,388	835,073
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 387,918		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	192,700	622,645
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	790,764	4,644,681
19 Revenue less expenses. Subtract line 18 from line 12	-544,644	264,118
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	2,375,189	2,467,846
21 Total liabilities (Part X, line 26)	517,626	346,165
22 Net assets or fund balances. Subtract line 21 from line 20	1,857,563	2,121,681

Part II Signature Block

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

Sign
Here

Signature of officer

Date

Tim Henkel, President and CEO

Type or print name and title

Paid

Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or yours
if self-employed),
address, and ZIP + 4

EIN ▶

Phone no. ▶ ()

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2008)SCANNED APR 19 2010
Activities & GovernanceRECEIVED
FEB 17 2010
IRS-OSD
OGDEN, UT

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

To increase the organized capacity of people to care for one another.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$) (Revenue \$)
See Statement 2**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)
(Expenses \$ 372,525 including grants of \$ 55,700) (Revenue \$ 0)**4e** Total program service expenses ► \$ 3,863,776 (Must equal Part IX, Line 25, column (B).)

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	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓
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	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where 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	6	✓
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	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; 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	9	✓
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	✓
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	✓
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	✓
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	✓	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	22	
b Enter the number of voting members that 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?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9a Does the organization have local chapters, branches, or affiliates?	9a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	✓

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	✓
b Other officers or key employees of the organization?	15b	✓
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **See Statement 3**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jamie Aitken Director	1	✓						\$0	\$0	\$0
Dennis Antonellis Director	1	✓						\$0	\$0	\$0
Wayne Brokaw Director	1	✓						\$0	\$0	\$0
Gregory Davis Director	1	✓						\$0	\$0	\$0
Charity Doyl Director	1	✓						\$0	\$0	\$0
Bill Gardner Director	1	✓						\$0	\$0	\$0
Mary Giannini Director	0	✓						\$0	\$0	\$0
Stefan Humphries Director	1	✓						\$0	\$0	\$0
Alexander Kaprian Director	1	✓						\$0	\$0	\$0
Yvonne Lopez-Morton Director	1	✓						\$0	\$0	\$0
Tim McCandless Director	1	✓						\$0	\$0	\$0
Peggy Manglaracina Director	1	✓						\$0	\$0	\$0
Mike Ormsby Director	1	✓						\$0	\$0	\$0
James Perez Director	1	✓						\$0	\$0	\$0
Greg Selbley Director	1	✓						\$0	\$0	\$0
Tom Stevenson Director	1	✓						\$0	\$0	\$0
Colleen Striegel Director	1	✓						\$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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Teri VanNoy Director	1	<input checked="" type="checkbox"/>						\$0	\$0	\$0
Percy Watkins Director	1	<input checked="" type="checkbox"/>						\$0	\$0	\$0
Diana Wilhite Director	1	<input checked="" type="checkbox"/>						\$0	\$0	\$0
Wallace Williams Director	1	<input checked="" type="checkbox"/>						\$0	\$0	\$0
Kim Zentz Director	1	<input checked="" type="checkbox"/>						\$0	\$0	\$0
Jared Serff Chair, Admin Finance Committee	1			<input checked="" type="checkbox"/>				\$0	\$0	\$0
Christy Burmeister-Smith Board Chair	2			<input checked="" type="checkbox"/>				\$0	\$0	\$0
Tim Henkel President and CEO	40			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		\$103,607	\$0	\$22,860
Franklin Dale Damron CFO	40			<input checked="" type="checkbox"/>				\$59,500	\$0	\$13,502
1b Total								163,107	0	36,362

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	38,558			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	0			
	e Government grants (contributions)	1e	108,384			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,646,108			
	g Noncash contributions included in lines 1a-1f: \$		0			
	h Total. Add lines 1a-1f		4,793,050			
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,890	0	0	50,890
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	32,659 0			
	b Less: cost or other basis and sales expenses	33,798 4,699				
	c Gain or (loss)	-1,139 -4,699				
	d Net gain or (loss)		-5,838 -5,838	0	0	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a Designation Fees	561000	69,467	69,467	0	0	
b Administrative Service Fees	561000	1,230	1,230	0	0	
c						
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		70,697				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,908,799	64,859	0	50,890	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,186,963	3,186,963		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	224,826	93,717	88,206	42,903
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	462,260	164,750	103,617	193,893
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,309	12,555	5,955	6,799
9	Other employee benefits	79,126	36,389	13,481	29,256
10	Payroll taxes	43,552	19,623	7,793	16,136
11	Fees for services (non-employees):				
a	Management	276,401	243,788	16,122	16,491
b	Legal				
c	Accounting	14,361		14,361	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	54,765	14,247	15,100	25,418
13	Office expenses	67,732	26,504	14,600	26,628
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	72,458	35,945	17,049	19,464
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	34,740	22,249	7,402	5,089
20	Interest	0	0	0	0
21	Payments to affiliates	41,926	0	41,926	0
22	Depreciation, depletion, and amortization	6,909	623	5,350	936
23	Insurance	22,646	5,907	15,044	1,695
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Special Events	22,258	516	18,532	3,210
b	Recruiting and Relocation	8,449	0	8,449	0
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,644,681	3,863,776	392,987	387,918
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	304,756	1	353,375
	2 Savings and temporary cash investments	573,206	2	590,640
	3 Pledges and grants receivable, net	1,351,601	3	1,267,082
	4 Accounts receivable, net	47,078	4	40,148
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	81,447	9	86,857
	10a Land, buildings, and equipment: cost basis	191,902		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	64,375	10c	127,527
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	2,217
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,375,189	16	2,467,846	
Liabilities	17 Accounts payable and accrued expenses	517,626	17	346,165
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	517,626	26	346,165
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	943,277	27	897,739
	28 Temporarily restricted net assets	914,286	28	1,223,942
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,857,563	33	2,121,681
	34 Total liabilities and net assets/fund balances	2,375,189	34	2,467,846

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
c If "Yes" to lines 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?	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits?	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91 0606058

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: (Please check only one organization.)

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the organizations the organization supports.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,776,006	3,893,560	4,287,703	4,531,930	4,863,747	21,352,946
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	3,776,006	3,893,560	4,287,703	4,531,930	4,863,747	21,352,946
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)						470,000
6 Public support. Subtract line 5 from line 4.						20,882,946

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,776,006	3,893,560	4,287,703	4,531,930	4,863,747	21,352,946
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,562	51,358	51,221	56,780	49,751	222,672
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			43,911	65,566		109,477
11 Total support. Add lines 7 through 10						21,685,095
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.3 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.07 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** 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—2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This amount was from processing fees retained on designated gifts

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91 0606058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- | | |
|---------------|--|
| Part V | Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. |
|---------------|--|

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

- c Term endowment ▶%

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	45,202	0	377	44,825
d Equipment	146,700	0	63,998	82,702
e Other	0	0	0	0
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				127,527

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,908,799
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,644,681
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	264,118
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4-8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	264,118

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,489,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,489,263
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	0
b	Other (Describe in Part XIV)	4b	1,419,536
c	Add lines 4a and 4b	4c	1,419,536
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,908,799

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,225,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Losses reported on Form 990, Part IX, line 25	2c	0
d	Other (Describe in Part XIV)	2d	4,699
e	Add lines 2a through 2d	2e	4,699
3	Subtract line 2e from line 1	3	3,220,446
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	0
b	Other (Describe in Part XIV)	4b	1,424,235
c	Add lines 4a and 4b	4c	1,424,235
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,644,681

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

See Statement 4

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91 : 0606058

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

2	Enter total number of section 501(c)(3) and government organizations	75
3	Enter total number of other organizations	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

See Statement 6

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91 : 0606058

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	✓	4	33,798	Avg Mkt Value
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 ► (.)				
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 IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

91 : 0606058

See Statement 7

Statement 1 : Reasonable Cause Explanations

Statement 2 : Program Service Accomplishments

Statement 3 : The Books Are In Care Of

Statement 4 : Supplemental Information

Statement 5 : Description of Grants and Other Assistance to Governments and Organizations in the United States

Statement 6 : Description of Procedures for Monitoring the Use of Grant Funds in the United States

Statement 7 : Additional Information for Responses to Specific Questions for The Form 990 or Others

Statement 2

Form: 990

Page: 2

Line Number: Part III Line 4a

Activity

UNITED WAY OF SPOKANE COUNTY

91-0606058

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Community Investments: With the guidance of volunteers, United Way identifies community priorities and invests in local partnerships and programs that make the greatest impact. Our current investments through 34 local partner agencies that provide 51 programs and services support Education - helping children and youth achieve their potential, Income - promoting financial stability and opportunity; and Health - improving people's physical dental and mental health. These programs benefited more than 100,000 low and moderate income residents of Spokane County.	\$1,833,489	\$1,762,724	\$0
	Donor Designations: Spokane County United Way runs or coordinates three major fund-raising programs, the United Way Campaign, the Combined Federal Campaign for Eastern Washington, and the Washington State Combined Fund Drive within Spokane County. Many of these donations are specifically designated to qualified non-profit agencies. United Way ensures that these donations are collected and accurately distributed at least quarterly, under standards established by United Way Worldwide.	\$1,424,235	\$0	\$0
	Early Learning: United Way is working to help ensure that children are ready for kindergarten. Our primary focus is to improve the quality of child care offered to low income children, by setting high standards and providing access to training, coaching and mentoring for child care programs. In the fall of 2008, United Way was awarded a three-year grant from the Bill & Melinda Gates Foundation to support our school readiness strategies in Spokane and northeast Washington. In the first year of the grant, 19 child care teachers earned their Child Development Associate credential, 140 child care providers received training in how to support healthy social and emotional development of young children, and six early learning consultants provided on-site coaching and mentoring to improve program quality in more than 15 child care programs.	\$233,527	\$148,283	\$0
	Financial Stability: As part of a community coalition of business, community and government representatives, United Way supports free tax preparation which targets low income workers by providing cost-free tax preparation along with opportunities for financial education. More than 4,000 returns were prepared by 144 local volunteers, netting \$4 million in refunds and \$1.4 million in Earned Income Tax Credit payments to 1,200 low income households.	\$149,002	\$55,700	\$0
	Community Initiatives and Public Policy Focused on achieving desired results in Education - which is essential to getting and keeping a job with a livable wage and health benefits; Income - that provides an income adequate to pay for today's necessities and save for the future, Health - gives access to counseling services and social supports that keep children on track and adults healthy and engaged. United Way has identified three bold community goals: decrease	\$114,937	\$0	\$0

Statement 2

UNITED WAY OF SPOKANE COUNTY

child abuse and neglect; increase kindergarten readiness, and increase high school graduation rates. As part of our focus on improving lives, United Way works together with many community partners and is a key partner in organizing "Our Kids Our Business." This is a month-long education and awareness campaign that brings the media, community leaders and the non-profit community together to focus on issues crucial to protecting and enhancing the lives of children in Spokane County

Volunteer Services: United Way serves as the Volunteer Center for Spokane County, coordinating opportunities for individuals and groups to volunteer with local nonprofit organizations. United Way's website features a link to Volunteer Solutions, an on-line data base of current volunteer opportunities in the community. United Way coordinated a "Days of Caring" Program, wherein twelve local employers loaned 396 employees to work on projects supporting the human-care programs of ten area non-profit organizations	\$68,056	\$0	\$0
Labor Services: Spokane County United Way Labor services works with the labor community to educate interested members about available health and human care services, recruit volunteers for food drives, recruit and place members of organized labor with volunteer opportunities of human and health care organizations, and solicit support of the United Way fundraising campaign	\$40,530	\$0	\$0
Total:	\$3,863,776	\$1,966,707	\$0

Statement 3

Form 990

Page: 6

Line Number Part VI Section C Line 20

The Books Are In Care Of

UNITED WAY OF SPOKANE COUNTY

91-0606058

The Books Are In Care Of

Name and address.

Telephone Number

United Way of Spokane County
dba Spokane County United Way
920 N Washington Street
Suite 100
Spokane, WA 99201-2229

(509)838-6581

Statement 4

Form: Schedule D

Page: 4

Line Number: Part XIV

Form 990 Schedule D Part XIV

UNITED WAY OF SPOKANE COUNTY**91-0606058****Supplemental Information****Explanation:**

Reference: Schedule D, Part XII, Line 4b \$1,424,235 is Donor Designations, wherein United Way served as an agent, are not included on net public support. Also, a \$4,699 loss on disposed assets is not on the audited financial statement revenues (included in expenses), but is included in the net revenues of the 990.

Identifier: SchD_P12_S00_L04b

Reference: Schedule D, Part XIII, Line 2d The loss from disposal of assets is included in net revenues on the 990, but in the expenses and losses on the audited financial statements.

Identifier: SchD_P13_S00_L02d

Reference: Schedule D, Part XIII, Line 4b The cost of designated gifts

Identifier: SchD_P13_S00_L04b

Statement 5

Form: Schedule I

Page: 1

Line Number: Part II

Recipient Table

UNITED WAY OF SPOKANE COUNTY

91-0606058

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Young Women's Christian Association 930 N Monroe Street Spokane, WA 99201	\$219,120	\$0
EIN	<u>91-0565025</u>		
IRC code section	501c3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	ALTERNATIVES TO DOMESTIC VIOLENCE PROGRAM: Services include education, empowerment, advocacy, support, counseling, shelter, and transitional housing. OPPORTUNITY CENTER: This program empowers women by expanding opportunities for them to enhance their employment-related skills. Services include job readiness advocacy, job hunters' workshop, Our Sisters' Closet for professional clothing, computer lab, and a monthly Y-Women's Breakfast featuring local women leaders. CHILD AND YOUTH SERVICES: Programs include Homeless Family Resource Services, Early Childhood Education and Assistance Program, After-School Program, Summer Day Camp, and Teen Program.		
Name and address	YMCA of the Inland Northwest PO Box 208 Spokane, WA 99210	\$182,520	
EIN	<u>91-0827958</u>		
IRC code section	501c3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	RSVP promotes senior volunteer opportunities to build a stronger community through partnerships that impact community needs. In helping others, seniors find value and purpose in their lives. Active participation in community life leads to improved physical, mental and spiritual health, which in turn helps prevent isolation and illness. The Early Learning Childhood Center serves children from infancy through pre-kindergarten, ages six weeks through five years. The School-age Care and Day Camps Program serves children from kindergarten through grade six, ages five through twelve. YMCA Youth Development Programs supports teens with programs including teen dance, youth employment, babysitter workshops and youth leadership training. Youth benefit from sports teams like football and volleyball, martial arts classes, music and dance, gymnastics, and belay/climbing. All ages benefit from the swim lessons, swim team, and lifeguard training.		
Name and address	Lutheran Community Services 210 W Sprague	\$122,268	

Statement 5

UNITED WAY OF SPOKANE COUNTY

Spokane, WA 99201
 EIN' 91-0386860
 IRC code section 501c3
 Method of valuation
 Description of non-cash assistance
 Purpose of grant Services to children who have experienced abuse or neglect. Certified Sexual Assault Program and Crime Victim Service Center.

Name and address SALVATION ARMY - SPOKANE \$120,008
 PO BOX 9108
 SPOKANE, WA 99209-9108

EIN 94-1156347
 IRC code section 501c3
 Method of valuation
 Description of non-cash assistance
 Purpose of grant Grants supported the Warm Water Aquatics Program, the Family Emergency Shelter, and Family Services

Name and address SPOKANE MENTAL HEALTH COORDINATING \$113,652
 ASSOCIATION
 dba SPOKANE MENTAL HEALTH
 107 S DIVISION
 SPOKANE, WA 99202-1586

EIN 91-0853801
 IRC code section 501C3
 Method of valuation
 Description of non-cash assistance
 Purpose of grant Funds First Call for Help, a twenty four hour a day crisis response service. It also supports 2-1-1, a social service information and referral phone line and website

Name and address FAMILY SERVICE SPOKANE \$106,104
 7 S HOWARD 321
 SPOKANE, WA 99204

EIN 91-0564952
 IRC code section 501c3
 Method of valuation
 Description of non-cash assistance
 Purpose of grant Mental health counseling for low-income people

Name and address AMERICAN RED CROSS - SPOKANE \$105,900
 315 W NORA AVE
 SPOKANE, WA 99205

EIN 53-0196605
 IRC code section 501c3
 Method of valuation
 Description of non-cash assistance
 Purpose of grant Funding for Emergency Services, Health and Safety Services, and Services to Armed Forces

Name and address MARTIN LUTHER KING JR FAMILY OUTREACH \$95,772
 CENTER
 845 S SHERMAN AVE
 SPOKANE, WA 99202

EIN 91-0912823

UNITED WAY OF SPOKANE COUNTY

Statement 5

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant Funding for child care, after school programs for K-6th grade, summer youth programs, family emergency services including assistance with utilities, food, infant supplies and or rental assistance. The Family Relationships Program provides instruction and therapy to improve parenting skills and caregiving in families.

Name and address CAMP FIRE USA INLAND NORTHWEST COUNCIL \$71,388
524 N MULLAN
SPOKANE, WA 99206
EIN 91-0567727

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Funding for youth development programs

Name and address SPOKANE NEIGHBORHOOD ACTION PROGRAMS \$70,272
2116 E FIRST AVE
SPOKANE, WA 99202
EIN 91-1311127

IRC code section 501C3

Method of valuation

Description of non-cash assistance

Purpose of grant Funding for emergency services and ombudsman services for seniors

Name and address GIRL SCOUTS OF EASTERN WA & NORTHERN ID \$63,552
1404 N ASH
SPOKANE, WA 99201
EIN 91-0570844

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant Funds the Leadership Development Program which engages girls in self discovery, forming connections with others, and taking action in their world.

Name and address BOY SCOUTS - 611 INLAND NORTHWEST \$62,472
COUNCIL
411 W BOY SCOUT WAY
SPOKANE, WA 99201-2243

EIN 91-1397125

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant Funds the Career Exploring Program and the Youth Development Program. The Career Exploring Program helps students aged 14-20 gain experience in professions of interest to them. It provides mentoring from adults in varying professions, community service opportunities, and teaches interviewing and career skills. The Youth Development Program builds character, leadership,

Statement 5

UNITED WAY OF SPOKANE COUNTY

citizenship skills, and life skills in children ages 7 to 20

Name and address	EXCELSIOR YOUTH CENTER 3754 W INDIAN TRIAL RD SPOKANE, WA 99208-4736	\$61,956
EIN	91-1189908	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Funding for residential treatment services for youth	
Name and address	SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR CENTER 2118 W GARLAND AVE SPOKANE, WA 99205	\$47,916
EIN	91-0863163	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	EARLY INTERVENTION PROGRAM This program provides crucial early assessment and intervention programs to children, birth to three. For children suspected of developmental delays, the neuromuscular center provides comprehensive assessment Intake teams consisting of a nurse and family staff liaison provide in-home developmental screening, resource identification and referral Program options include individual therapy, toddler groups, preschool groups, and home based services For those who qualify, a transportation program is available to transport children to and from the toddler and preschool programs.	
Name and address	THE ARC - SPOKANE 127 W BOONE SPOKANE, WA 99201	\$43,596
EIN	91-0716160	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	COMMUNITY CENTER: offers individuals with developmental disabilities the opportunity to be active members of the broader community. Through active programming, including daily outings into the community, the Center provides our members with the opportunity to meet a wide variety of their physical, emotional and social needs INDIVIDUAL ADVOCACY. This program provides information, referrals, individualized support and advocacy to empower persons with developmental disabilities and their families so they may address the issues they face in their lives. This could include providing emotional support, exercising and protecting legal and civil rights, assisting in accessing community services including healthcare income and education, and collaborating with those services as needed to best serve the individual.	

Statement 5

UNITED WAY OF SPOKANE COUNTY
\$38,760

Name and address CHILDREN'S HOME SOCIETY OF WA
2323 N DISCOVERY PLACE
SPOKANE VALLEY, WA 99216

EIN 91-0575955

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant Funding for Family Live Program to provide resources and supports to parents

Name and address SPOKANE REHABILITATION CENTER \$35,604
dba CENTER POINTE
1408 N WASHINGTON
SPOKANE, WA 99201-2438

EIN 91-0675549

IRC code section 501C3

Method of valuation

Description of non-cash assistance

Purpose of grant Center Pointe is a safe, barrier free environment, which offers educational, recreational, and social activities for disabled adults in Spokane County. The program offers 30 hours of personalized, educational activities per week to assist and educate clients on independence, positive self-image and to be of service to others. These activities stimulate the participant's minds and teach them valuable life and work skills

Name and address AMERICAN INDIAN COMMUNITY CENTER ASSOC \$32,916
801 E 2nd AVE
SPOKANE, WA 99202-2215

EIN 91-0822523

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant FAMILY SERVICES PROGRAM: This program provides a range of services to help people meet basic needs, including a food bank, senior nutrition program, community meals, and family services information and referral. Programs are open and available to all members of the community regardless of race or ethnicity

Name and address PROVIDENCE HEALTH & SERVICES WA dba \$25,548
PROVIDENCE VNA HOME HEAL
PO BOX 3989
SPOKANE, WA 99220-3989

EIN 51-0216586

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant HEALTH CARE OF POOR & VULNERABLE: This program provides home health care services to people who have no insurance and limited financial resources. Registered Nurses, Home Health Aides, Physical Therapists, Speech Therapists, Occupational Therapists, Medical Social Workers and Registered Dieticians are available to help people

Statement 5

UNITED WAY OF SPOKANE COUNTY

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address FAIRCHILD AIRMAN & FAMILY READINESS CENTER \$5,643

4 West Castle Street
Fairchild AFB, WA 99011EIN 26-4629664

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address YMCA OF THE INLAND NORTHWEST \$5,320

PO BOX 208
SPOKANE, WA 99210EIN 91-0827958

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address JUVENILE DIABETES RESEARCH FOUNDATION- \$5,293

INLAND NORTHWEST BRANC
9 S WASHINGTON ST 704
SPOKANE, WA 99201-3806EIN 23-1907729

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address CHRIST CLINIC \$5,219

914 W Carlisle
SPOKANE, WA 99205EIN 91-1435174

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address Neighborhood Assets \$40,500

2116 East First Street
Spokane, WA 99202EIN 37-1502691

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Asset Building

Name and address VOICES \$7,200

PO Box 3973
Spokane, WA 99220EIN 91-1423549

IRC code section

Method of valuation

Description of non-

Statement 5
cash assistance

UNITED WAY OF SPOKANE COUNTY

Purpose of grant Financial Education

Name and address	COMMUNITY MINDED ENTERPRISES	\$6,707
	25 West Main Avenue Suite 310	
	Spokane, WA 99201	
EIN	91-1764236	

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Development Program for Childcare Providers

Name and address	EDUCATIONAL SERVICE DISTRICT 101	\$27,485
	4202 S Regal Street	
	Spokane, WA 99223-7738	
EIN	91-0948293	

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Planning and Program Development for Early
Learning Programs

Name and address	CHILDREN'S HOME SOCIETY OF WA	\$36,292
	2323 N DISCOVERY PLACE	
	SPOKANE VALLEY, WA 99216	
EIN	91-0575955	

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Support to Child Care Providers

Name and address	BLUE PRINTS FOR LEARNING	\$60,055
	35 W Main Ave	
	SPOKANE VALLEY, WA 99201	
EIN	91-2160074	

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Early Childhood Development Training for Childcare
Providers

Name and address	SPOKANE NEIGHBORHOOD ACTION PROGRAM	\$8,000
	2116 E FIRST AVE	
	SPOKANE, WA 99202	
EIN	91-1311127	

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Mortgage Assistance Program

Description of Procedures for Monitoring the Use of Grant Funds in the United States

	Explanation.
Reference: Schedule I, Part I, Line 2	<p>There are three distinct funding streams: 1) allocated funding, 2) sub-grants, and 3) designated funding. Allocated Funding: These are grants and investments that are decided by the staff and volunteers of Spokane United Way. These partner agency investments are made annually based upon a multi-level approach to improving lives in Spokane County. The first level is to determine the strategic direction of investments. In 2008, the strategy targeted improvements in health, education, and income of County residents, with an emphasis on reducing child abuse rates, and increasing kindergarten readiness and on-time high school graduation. The grant application process was open to 34 agencies with historical funding relationships with us. Each program application was reviewed and site visits were conducted by one of six investment review teams, staffed by community volunteers and facilitated by United Way employees. To the degree that agency programs aligned with our strategic direction, and could evidence quantifiable results against objectives, grants for one year were determined and executed. 2 Subgrants: These are contractual payments, usually on a cost-reimbursement basis, that further the work of social-service grants that United Way entered into with state or federal agencies or larger foundations. 3 Designated Funding. These are payments made by United Way at the direction of donors who have designated their gifts to a specific agency. With donor-designated gifts, United Way acts as an agent to pass through donor gifts to eligible 501(c)(3) organizations who provide us with a signed statement of compliance with the Patriot Act. Funds are passed through after deducting a fee to recover associated fundraising and administrative costs. The determination of these fees are in compliance with membership standards established by United Way Worldwide.</p>
Identifier: Schl_P01_S00_L02	

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part I, Line 8	Lines 8 through 22. The prior year numbers are from the Form 990 submitted for the short period 4-1-08 to 6-30-08. The lack of comparability between the current and prior periods are primarily due to comparing a 12-month period (current) to the 3-month period (prior)
Identifier:	F990_P01_S00_L08	
Reference:	Form 990, Part I, Line 17	Variation from instructions, have also added in prior year payments to affiliates in order to capture total expenses in line 18. This is from line 16 of the 2007 Form 990
Identifier:	F990_P01_S00_L17	
Reference:	Form 990, Part VI, Section A, Line 10	Form 990, Part VI, Section A, Line 10: Form 990 was reviewed by the CFO, CEO, and the organization's audit firm, LeMaster Daniels prior to filing. The Form 990 was provided to the Board of Directors after filing
Identifier:	F990_P06_S0A_L10	
Reference:	Form 990, Part VI, Section B, Line 12c	Annually, a conflict of interest policy is filed out and signed by each member of the Board of Directors and employees. Relationships that may potentially cause a conflict of interest are documented by each director and reviewed by the executive committee. In the event that an item of business for the Board of Directors involves a potential conflict, it is the responsibility of the involved board member and executive team members to evaluate and determine whether the board member(s) should be recused from deliberating or voting on the related item of business
Identifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 15	The Executive Committee of the Board of Directors, all of who are independent, reviews the salary of the CEO on an annual basis. The review includes a review of accomplishments against objectives, and a review of current salary against salaries of CEO's in United Ways of comparable revenue size across the United States
Identifier:	F990_P06_S0B_L15	
Reference:	Form 990, Part VI, Section C, Line 19	The governing documents and conflict of interest policies are available upon request. The audited financial statements and annual 990 are posted on the organization website at www.unitedwayspokane.org
Identifier:	F990_P06_S0C_L19	

Statement 5

UNITED WAY OF SPOKANE COUNTY

across the age continuum who are ill and/or injured with one or more of all possible medical diagnoses known today. In addition, a major goal of PVNA services is to foster independence and the ability of patients to continue to live in the community when at all possible by teaching patients, families or other willing caregivers, to safely manage their own care.

Name and address	EASTERN WASHINGTON CENTER FOR THE DEAF AND HARD OF HEARING 1208 N HOWARD SPOKANE, WA 99201-2410	\$23,280
EIN	91-1106734	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Funding for information and access services for the deaf and hard of hearing.	
Name and address	SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	\$18,840
EIN	23-7173826	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	FEEDING PEOPLE AND CHANGING LIVES: Second Harvest uses food to strengthen the local community, bridging nutritional gaps and improving the health and well-being of low-income children, families and seniors. Second Harvest's emergency food bank network in Spokane County feeds 15,000 people every month. Second Harvest also supplies high quality, nutritious food to 130 other charities for people in poverty, the working poor, elderly and disabled people on very low fixed incomes, and children and families in temporary crisis.	
Name and address	EPILEPSY FOUNDATION NORTHWEST PO Box 173 Spokane, WA 99210	\$17,412
EIN	91-1062461	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	This program ensures people with seizures an ability to participate in all of life's experiences. In addition to the program's commitment to public education and community awareness about seizure recognition, clients receive case management, information and referral for employment, legal assistance, seizure control, seizure recognition and first aid, housing, health care insurance and medication, personal and political advocacy, medications and medical devices.	
Name and address	MID-CITY CONCERNS 1222 W 2ND AVE SPOKANE, WA 99201	\$11,112

UNITED WAY OF SPOKANE COUNTY

Statement 5

EIN 91-0833015

IRC code section 501c3

Method of valuation

Description of non-cash assistance

Purpose of grant MEALS ON WHEELS AND SENIOR CENTER: This program provides hot meals and a daily visit to homebound individuals in need of nutrition. The Senior Center located in downtown Spokane offers nutrition, recreation, education and outreach to seniors. It also serves as a safe, caring facility for handicapped individuals to volunteer.

Name and address PROVIDENCE HEALTH & SERVICES \$9,228

WASHINGTON

6018 N ASTOR

SPOKANE, WA 99207

EIN 51-0216586

IRC code section 501C3

Method of valuation

Description of non-cash assistance

Purpose of grant ADULT DAY HEALTH: This program serves primarily poor and vulnerable frail elderly and disabled individuals and their caregivers with a community-based day program of active restorative rehabilitative and nursing services intended to promote participants' abilities and strengths, allowing them to live independently in the community and to delay or prevent institutional placement. Clients range in age from 29 to 106 years old, the average age is 76.

Name and address LILAC SERVICES FOR THE BLIND \$8,772

1212 N HOWARD

SPOKANE, WA 99201-2410

EIN 23-7121726

IRC code section 501C3

Method of valuation

Description of non-cash assistance

Purpose of grant INDEPENDENT LIVING PROGRAM: This program attempts to maximize the integration of blind and visually impaired individuals into the social, economic and cultural life of their community. Specialized training includes adaptations for preparing meals, managing medications, managing personal finances, orientation and mobility (including cane travel), using adaptive aid equipment, and much more.

Name and address YFA CONNECTIONS \$8,688

PO Box 3344

SPOKANE, WA 99220

EIN 23-7049675

IRC code section 501C3

Method of valuation

Description of non-cash assistance

Purpose of grant ADULT TREATMENT SERVICES: This program provides comprehensive, individualized and client-centered outpatient chemical dependency and co-occurring disorders treatment that supports clients to live a healthier life as productive members of the

Statement 5

UNITED WAY OF SPOKANE COUNTY

Spokane community YFA Connections' proven success treating this highly vulnerable population helps to mitigate community-wide problems including crime and the financial burden of publicly supporting drug/alcohol afflicted newborns/children, foster placement, legal services, increased emergency room care, and psychiatric hospitalizations associated with this population of low-income/indigent chemically dependent and mentally ill individuals.

Name and address	BOYS & GIRLS CLUB OF SPOKANE COUNTY 554 E PROVIDENCE AVE SPOKANE, WA 99207	\$7,224
EIN	91-1983357	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Funding for youth development programs in a after-school setting.	
Name and address	SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 99204-9743	\$7,152
EIN	91-1380583	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	CLIENT ADVOCACY PROGRAM: This is a mentoring program honoring cultural values and strengths while empowering Persons Living with HIV/AIDS (PLWHA) to advocate for their health needs and make healthy choices. The program goals are to 1) increase utilization of HIV health care and prevention services to improve healthcare access and reduce transmission of HIV by eliminating barriers effecting vulnerable populations, 2) educate and empower people living with HIV/AIDS to advocate for HIV funding and effective public policy, and 3) increase collaboration with other community agencies to integrate common goals and increase long term outcomes and program sustainability.	
Name and address	FAIRCHILD AIRMAN & FAMILY READINESS CENTER 4 West Castle Street Fairchild AFB, WA 99011	\$7,008
EIN	26-4629664	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	This program offers families experiencing military deployments a level of sustainability including life skills counseling, mental and family coaching, personal and family life education, social adaptation, fiscal responsibility, and employment skills assistance for active duty family members and those who are leaving the military. In addition, this program provides child education and serves as a liaison between	

Statement 5

UNITED WAY OF SPOKANE COUNTY

	schools.	
Name and address	CANCER PATIENT CARE OF SPOKANE COUNTY 1507 E SPRAGUE AVE SPOKANE, WA 99202	\$6,264
EIN	91-0567727	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Funding for resources and supports for low-income people dealing with cancer.	
Name and address	DAYBREAK OF SPOKANE 11711 E SPRAGUE D-4 SPOKANE, WA 99206	\$6,132
EIN	91-1083936	
IRC code section	501c3	
Method of valuation		
Description of non-cash assistance		
Purpose of grant	DAYBREAK YOUTH SERVICES This program provides alcohol and drug treatment services for youth and their families to help individuals abstain from chemical use, to obtain solid family and social relations, and accept personal responsibility for one's actions. Daybreak Youth Services offers after-school programs, which include individual, group, and family therapy; in addition, substance abuse counselors offer education, assessment and treatment services to youth.	
Name and address	FAIRCHILD AFB CHILD DEVELOPMENT 610 N Depot Ave Fairchild AFB, WA 99011	\$5,736
EIN	91-0741496	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	This program provides comprehensive care to all branches of the military and civilian personnel who work at Fairchild Air Force Base. Through a safe and nurturing environment, with loving support, and by maintaining open communication with parents, children are given an opportunity to develop his or her maximum potential through varied experiences.	
Name and address	FAIRCHILD AFB YOUTH CENTER 200 West Castle Street Fairchild AFB, WA 99011	\$5,532
EIN	53-0228400	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	This program focuses on sustaining and improving academic performance through homework assistance, tutoring, incentive-based activities, and High Yield Learning Activities. In addition to the youth programs, this program assists parents and schools in improving academic performance and school	

Statement 5

UNITED WAY OF SPOKANE COUNTY

retention rates, especially through high school.

Name and address	SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	\$68,160
EIN	23-7173826	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	CATHOLIC CHARITIES PO BOX 2253 SPOKANE, WA 99210-2253	\$58,271
EIN	91-0569880	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210	\$56,282
EIN	91-0995069	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	CANCER PATIENT CARE OF SPOKANE COUNTY 1507 E SPRAGUE AVE SPOKANE, WA 99202	\$28,005
EIN	91-0567727	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	PLANNED PARENTHOOD OF THE INLAND NORTHWEST 123 E INDIANA SUITE 100 SPOKANE, WA 99207	\$25,028
EIN	91-0885036	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	SPO GUILD'S SCHOOLNEURO CTR 2118 W GARLAND AVE SPOKANE, WA 99205	\$22,978
EIN	91-0863163	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	VANESSA BEHAN CRISIS NURSERY	\$21,939

Statement 5

UNITED WAY OF SPOKANE COUNTY

1004 E EIGHTH AVE
SPOKANE, WA 99202
91-1199575

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address	BOY SCOUTS - 611 INLAND NORTHWEST	\$18,755
	COUNCIL	
	411 W BOY SCOUT WAY	
	SPOKANE, WA 99201-2243	

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address	AMERICAN RED CROSS - SPOKANE	\$15,332
	315 W NORA AVE	
	SPOKANE, WA 99205	
	53-0196605	

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address	SACRED HEART MEDICAL CENTER	\$14,838
	FOUNDATION	
	PO BOX 2555	
	SPOKANE, WA 99220	
	91-0393510	

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address	PROVIDENCE HEALTH & SERVICES WA dba	\$12,384
	PROVIDENCE VNA HOME HEAL	
	PO BOX 3989	
	SPOKANE, WA 99220-3989	
	51-0216586	

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address	SPOKANE VALLEY FIREFIGHTER BENEVOLENT	\$12,131
	ASSOC	
	PO BOX 1364	
	co Treasurer John Nelson	
	VERADALE, WA 99037-1364	
	91-1985489	

EIN

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Statement 5

UNITED WAY OF SPOKANE COUNTY

Name and address	SPOKANE NEIGHBORHOOD ACTION PROGRAM 2116 E FIRST AVE SPOKANE, WA 99202	\$11,705
EIN	91-1311127	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	UNION GOSPEL MISSION ASSOCIATION OF SPOKANE P O BOX 4066 SPOKANE, WA 99202-4066	\$11,531
EIN	91-0613587	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	SPOKANE VALLEY PARTNERS P O BOX 141360 SPOKANE, WA 99214-1360	\$11,346
EIN	91-1478830	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	SALVATION ARMY - CITADEL CORPS PO BOX 9108 SPOKANE, WA 99209-9108	\$11,230
EIN	94-1156347	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	YMCA-YWCA CAPITAL FUND 930 N MONROE ST SPOKANE, WA 99201	\$10,512
EIN	91-0565025	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 99204-9743	\$10,023
EIN	91-1380583	
IRC code section		
Method of valuation		
Description of non-cash assistance		
Purpose of grant	Donor Designation	
Name and address	MOBIUS KIDS 808 W MAIN AVE	\$9,983

Statement 5

UNITED WAY OF SPOKANE COUNTY

SPOKANE, WA 99201
EIN 91-1694299

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address LUTHERAN COMMUNITY SERVICES NW \$9,167

210 W SPRAGUE AVE
SPOKANE, WA 99201-3816

EIN 90-0386860

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address UNITED WAY OF KING COUNTY \$8,894

720 SECOND AVE
SEATTLE, WA 98104-1702

EIN 91-0565555

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address DAYBREAK \$8,247

11711 E SPRAGUE D-4
SPOKANE, WA 99206

EIN 91-1083936

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address UNITED WAY OF KLAMATH BASIN \$7,845

PO Box 1839
Klamath Falls, OR 97601

EIN 93-0441766

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address MID-CITY CONCERNS \$7,460

1222 W 2ND AVE
SPOKANE, WA 99201

EIN 91-0833015

IRC code section

Method of valuation

Description of non-
cash assistance

Purpose of grant Donor Designation

Name and address THE ARC - SPOKANE \$6,948

127 W BOONE
SPOKANE, WA 99201

EIN 91-0716160

IRC code section

Statement 5

UNITED WAY OF SPOKANE COUNTY

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address UNITED WAY OF KOOTENAI CNTY \$6,711

401 Front Ave 201

Coeur d'Alene, ID 83814

EIN 82-0232729

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address BOYS & GIRLS CLUB OF SPOKANE COUNTY \$6,352

554 E PROVIDENCE AVE

SPOKANE, WA 99207

EIN 91-1983357

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address REACH FOR THE FUTURE \$6,240

PO BOX 30851

SPOKANE, WA 99223

EIN 20-2976912

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address SPOKANE MENTAL HEALTH COORDINATING \$5,808

ASSN

107 S DIVISION

SPOKANE, WA 99202-1586

EIN 91-0853801

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address MARTIN LUTHER KING JR FAMILY OUTREACH \$5,786

CENTER

845 S SHERMAN AVE

SPOKANE, WA 99202

EIN 91-0912823

IRC code section

Method of valuation

Description of non-cash assistance

Purpose of grant Donor Designation

Name and address EXCELSIOR YOUTH CENTER \$5,762

3754 W INDIAN TRIAL RD

SPOKANE, WA 99208-4736

EIN 91-1189908

IRC code section

Method of valuation

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. ☐**All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

Electronic Filing (e-file): Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	UNITED WAY OF SPOKANE COUNTY		91-0606058
	Number, street, and room or suite number. If a P.O. box, see instructions		
	920 N WASHINGTON #100		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SPOKANE, WA 99201-2229		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ▶ **THE ORGANIZATION**

Telephone No. ▶ **509-838-6581**FAX No. ▶ **509-624-0840**

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ ☐. If it is for part of the group, check this box. ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ ☐ calendar year 20__ or
▶ ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)