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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF SPOKANE COUNTY	<b>D Employer identification number</b>  91-0606058
	Doing Business As Spokane County United Way	<b>E Telephone number</b>  (509) 838-6581
	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	<b>G</b> Gross receipts \$ 5,041,084
	<b>F</b> Name and address of principal officer Tim Henkel 920 N Washington Street Suite 100 Spokane, WA 99201	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J Website:</b> www.unitedwayspokane.org	<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1953
		<b>M</b> State of legal domicile WA

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Spokane County United Way mobilizes our community to create measurable results that improve people's lives
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .
Revenue	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 425,139
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
Net Assets or Fund Balances	<b>Beginning of Current Year</b>
	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

<b>Part II Signature Block</b>					
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				2012-01-26	
	Signature of officer			Date	
Paid Preparer Use Only				Dale Damron CFO	
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization's mission

To mobilize our community to create measurable results that improve people's lives

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 \$ 611,172 including grants of \$ 583,900 ) (Revenue \$ 0 )

Partners Fund - Education Investments United Way focuses on an Education Continuum in order to help children and youth achieve their potential. The factors of the continuum include making sure infants and toddlers are safe and nurtured, that children enter kindergarten with the social and emotional development necessary for them to be ready to learn, that they are reading at grade level at third and fourth grade, have a successful transition through the middle school years, and achieve high school graduation on-time. Through the United Way Partners Fund, United Way makes strategic investments toward these ends. Programs focus on parenting classes, child development, child advocacy, quality preschools, after-school and summer leadership development, alternative classroom education, and counseling for at-risk parents and youth. Partners include the Boys & Girls Club, Boy Scouts, Camp Fire, Children's Home Society, Excelsior Youth Center, Girl Scouts, Fairchild AFB Early Learning Center and Youth Center, Spokane Guilds School and Neuromuscular Center, Lutheran Community Services, Martin Luther King Jr Family Outreach Center, Salvation Army, YMCA of the Inland Northwest, and YWCA of Spokane.

4b

(Code ) (Expenses \$ 361,503 including grants of \$ 345,578 ) (Revenue \$ 0 )

Partners Fund - Income and Financial Stability Meeting basic needs, preparation for work and career, and support in building assets are the focus of United Way's Income Investments. The work assists families to avoid foreclosure on their homes, attain skills in personal finance, obtain free tax preparation for low income families, access food assistance, and build assets and job skills. Partners in this work include the American Indian Community Center, American Red Cross, The Arc of Spokane, Cancer Patient Care, Martin Luther King, Jr. Family Outreach Center, The Salvation Army, SNAP, and YWCA of Spokane.

4c

(Code ) (Expenses \$ 800,814 including grants of \$ 765,536 ) (Revenue \$ 0 )

Partners Fund - Health United Way works to improve health by helping people make lifestyle choices that enhance their physical and mental health, improving access to counseling and mental health services, and helping vulnerable adults, including seniors and people with disabilities, maintain wellness and independence. Partners in this work include American Red Cross, Inland Northwest Chapter, The Arc of Spokane, Center Pointe, Daybreak Youth Services, The Hearing Loss Center, Epilepsy Foundation Northwest - Spokane, Fairchild AFB Airman & Family Readiness Center, Family Service Spokane, Hospice of Spokane, Lilac Services for the Blind, Lutheran Community Services Northwest, Mid City Concerns, Providence Adult Day Health, Providence VNA Home Health, Spokane AIDS Network, YFA Connections, YMCA of the Inland Northwest, and YWCA of Spokane.

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description







(Expenses \$ 2,426,190 including grants of \$ 2,041,247 ) (Revenue \$ 0 )

4e

Total program service expenses \$ 4,199,679

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
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 U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
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 U.S.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	7
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	30
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

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

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Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 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	No
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 Form 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. See Additional Data Table.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶  
United Way of Spokane County  
dba Spokane County United Way  
920 N Washington Street  
Suite 100  
Spokane, WA 992012229  
(509) 838-6581

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Jamie Aitken Director	1	X						0	0	0
(2) Wayne Brokaw Director	1	X						0	0	0
(3) Gregory Davis Director	1	X						0	0	0
(4) Bill Gardner Director	1	X						0	0	0
(5) Stefan Humphries Director	1	X						0	0	0
(6) Peggy Mangiaracina Director	1	X						0	0	0
(7) Greg Seibley Director	1	X						0	0	0
(8) Tom Stevenson Director	1	X						0	0	0
(9) Wallace Williams Director	1	X						0	0	0
(10) Polly Crowley Director	1	X						0	0	0
(11) Cheryl Anne Millsap Director	1	X						0	0	0
(12) John Moloney Director	1	X						0	0	0
(13) Staci Vesneske Director	1	X						0	0	0
(14) Jared Serff Board Chair	1	X		X				0	0	0
(15) Charity Bagatsing Director	1	X						0	0	0
(16) Linda Elkin Director	1	X						0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Joel McCullough Director	1	X						0	0	0
(18) Mark Mattke Director	1	X						0	0	0
(19) Donna Stambaugh Director	1	X						0	0	0
(20) Beth Thew Director	1	X						0	0	0
(21) John Traynor Director	1	X						0	0	0
(22) Christy Burmeister-Smith Treasurer	1			X				0	0	0
(23) Tim Henkel President and CEO	40			X	X	X		106,814	0	15,496
(24) Franklin Dale Damron CFO	40			X	X			60,479	0	10,117
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								167,293	0	25,613
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1										

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

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
Associated Industnes Real Estate LLC 1206 N Lincoln Suite 200 Spokane, WA 992012559	Facility Rental	122,400
Northeast Washington Educational Service Educational Service District 1 4202 S Regal St Spokane, WA 99223	Training Development and Delivery	124,796
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶2		

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	4,545,350			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	0			
	e	Government grants (contributions)	1e	368,239			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	73,418			
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	Total. Add lines 1a-1f . . . . .		4,987,007			
Program Service Revenue	2a		Business Code				
	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) . . . . .		54,077	54,077	0
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			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	0	0			
d		Net gain or (loss) . . . . .					
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							
b							
c							
d	All other revenue . . . . .		0	0	0	0	
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		5,041,084	54,077	0	0	

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	3,736,261	3,736,261		
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 . . . . .	228,193	95,054	89,704	43,435
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	472,123	163,299	99,988	208,836
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	27,640	11,364	6,838	9,438
9	Other employee benefits . . . . .	79,253	30,911	14,652	33,690
10	Payroll taxes . . . . .	44,281	17,513	8,902	17,866
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	0	0	0	0
c	Accounting . . . . .	15,879	0	15,879	0
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	32,115	28,170	575	3,370
12	Advertising and promotion . . . . .	38,108	2,320	6,294	29,494
13	Office expenses . . . . .	36,745	10,994	10,466	15,285
14	Information technology . . . . .	29,763	12,237	7,363	10,163
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	123,323	62,807	25,424	35,092
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 . . . . .	38,331	12,607	18,220	7,504
20	Interest . . . . .				
21	Payments to affiliates . . . . .	72,645	0	72,645	0
22	Depreciation, depletion, and amortization . . . . .	14,664	5,275	5,146	4,243
23	Insurance . . . . .	17,832	3,675	14,019	138
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Maintenance and Equipment Rental	17,765	7,192	4,853	5,720
b	Special Events	10,389	0	9,524	865
c	Recruiting and Relocation	10,408	0	10,408	0
d					
e					
f	All other expenses	191		191	
25	Total functional expenses. Add lines 1 through 24f	5,045,909	4,199,679	421,091	425,139
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			626,482	1	779,138
	2	Savings and temporary cash investments . . . . .			400,040	2	168,865
	3	Pledges and grants receivable, net . . . . .			1,633,677	3	1,644,023
	4	Accounts receivable, net . . . . .			29,963	4	14,843
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	0
	7	Notes and loans receivable, net . . . . .				7	0
	8	Inventories for sale or use . . . . .				8	0
	9	Prepaid expenses and deferred charges . . . . .			85,939	9	41,557
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	197,134			
	b	Less: accumulated depreciation . . . . .	10b	97,035	114,764	10c	100,099
	11	Investments—publicly traded securities . . . . .			265,604	11	539,070
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,156,469	16	3,287,595	
Liabilities	17	Accounts payable and accrued expenses . . . . .			83,082	17	117,436
	18	Grants payable . . . . .			627,375	18	728,972
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial 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 to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			710,457	26	846,408
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 . . . . .			998,042	27	1,007,674
	28	Temporarily restricted net assets . . . . .			1,274,777	28	1,259,362
	29	Permanently restricted net assets . . . . .			173,193	29	174,151
	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 . . . . .			2,446,012	33	2,441,187
34	Total liabilities and net assets/fund balances . . . . .			3,156,469	34	3,287,595	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,041,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,045,909
3	Revenue less expenses Subtract line 2 from line 1	3	-4,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,446,012
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,441,187

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

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 (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 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?
- h

☐

Provide the following information about the supported organization(s)

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,287,703	4,531,930	4,863,747	4,943,480	4,913,589	23,540,449
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
4 Total. Add lines 1 through 3	4,287,703	4,531,930	4,863,747	4,943,480	4,913,589	23,540,449
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						23,540,449

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,287,703	4,531,930	4,863,747	4,943,480	4,913,589	23,540,449
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,221	56,780	49,751	33,858	54,077	245,687
9 Net income from unrelated business activities, whether or not the business is regularly carried on	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		58,012	73,418	240,907
11 Total support (Add lines 7 through 10)						24,027,043
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	97 975 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 210 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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 ▶		
b 10%-facts-and-circumstances test—2009. 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 ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A, Section B, Line 10 Other Income Includes fundraising reimbursements from outside processors, earnings received from the Inland Northwest Community Foundation, contributions to the endowment, sponsorships for fundraising activities and events, and ticket sales to an annual community luncheon Our Kids Our Business, which expands awareness and involvement in children' welfare

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000077  
Software Version: v1.00  
EIN: 91-0606058  
Name: UNITED WAY OF SPOKANE COUNTY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code )	(Expenses \$	1,602,717	including grants of \$	1,602,717 ) (Revenue \$ 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 Many of these donations are specifically designated to qualified non-profit agencies Acting as an agent, United Way ensures that these donations are collected and accurately distributed at least quarterly, under standards established by United Way Worldwide				
(Code )	(Expenses \$	105,867	including grants of \$	0 ) (Revenue \$ 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 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				
(Code )	(Expenses \$	119,462	including grants of \$	44,184 ) (Revenue \$ 0 )
Financial Stability United Way works with others to promote financial stability and opportunity in Spokane County Specifically, United Way helps coordinate and support the Spokane County CASH Coalition (Creating Assets, Savings and Hope), a collaborative effort of human services organizations, financial institutions, business and government entities Coalition partners coordinate services in three areas free tax preparation, financial education and counseling, and access to financial services Accomplishments 4,248 low-income tax filers had their taxes prepared for free, 24% of whom qualified for the Earned Income Tax Credit worth a total of \$1 6 million, 1,364 individuals received financial education and counseling, 133 housing foreclosures were prevented and 19 households purchased homes, 71 previously unbanked individuals opened savings accounts and 34 received business or consumer loans United Way secured grants from the Washington State Department of Commerce and the Internal Revenue Service to help support these efforts				
(Code )	(Expenses \$	41,634	including grants of \$	0 ) (Revenue \$ 0 )
Volunteer Services United Way serves as a volunteer center for Spokane County, coordinating opportunities for individuals and groups to volunteer with local nonprofit organizations United Way's website features "Volunteer Solutions", an on-line data base of current volunteer opportunities in the community In the service year, United Way matched 107 volunteers to service opportunities, resulting in 1059 volunteer service hours United Way coordinated a "Days of Caring" Program, wherein fourteen local employers loaned 167 employees to work on projects supporting the human care programs of area non-profit organizations				
(Code )	(Expenses \$	42,174	including grants of \$	0 ) (Revenue \$ 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				
(Code )	(Expenses \$	400,153	including grants of \$	349,346 ) (Revenue \$ 0 )
Early Learning Experiences in the first five years of life help determine whether a child will be successful in school and life That's why United Way is focusing on helping parents and child care providers get children off to a good start We participate in the Inland Northwest Alliance for Early Learning, through which representatives of public health, early learning, public library, K-12, local government and local philanthropies are working together to create a sustainable early learning system that prepare all children for success United Way invests in programs that train parents and child care providers how to support healthy child development, that improve child care quality, and that support kindergarten readiness Over 100 families received supports to improve their parenting skills, 154 child care teachers received training focused on supporting social-emotional development of young children, 25 child care teachers earned a Child Development Associate credential following a year of intensive training, one child care center achieved accreditation by the National Association for the Education of Young Children, and preschool children enrolled in four child care centers benefited from their teachers' use of a research-based assessment tool and curriculum to promote their social and emotional development Key partners in this work were BluePrints for Learning, Children's Home Society of Washington, Community-Minded Enterprises, Northeast Washington ESD, ABC Discovery Child Care Center, St Anne's Children's Center, the YMCA of Spokane, Northeast Child Development Center, and Loving Hearts Children's Center This work was supported in part by a four-year grant from the Bill and Melinda Gates Foundation				
(Code )	(Expenses \$	114,183	including grants of \$	45,000 ) (Revenue \$ 0 )
Middle School Transitions United Way is working with community partners to improve youth success in the middle school years, with the long-term goal of keeping them on track to graduate from high school We approved funding for three new programs that provide a range of after-school resources to youth attending middle schools in three high-poverty Spokane neighborhoods Tutoring, mentoring , mental health counseling, access to health and dental care, and family engagement are the primary services provided Partners in this work are Communities In Schools of Spokane County, Boys & Girls Clubs of Spokane County, and YFA Connections				

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

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

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	654,486	623,099	818,207		
b Contributions . . . . .	958	4,839	540		
c Investment earnings or losses . . . . .	121,398	65,907	-155,352		
d Grants or scholarships . . . . .	29,348	30,833	31,498		
e Other expenditures for facilities and programs . . . . .	1,227	818	924		
f Administrative expenses . . . . .	7,337	7,708	7,874		
g End of year balance . . . . .	738,930	654,486	623,099		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 58 %

c

Term endowment ▶ 42 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	0	0	0
c Leasehold improvements . . . . .	45,202	0	9,417	35,785
d Equipment . . . . .	67,447	0	63,897	3,550
e Other . . . . .	84,485	0	23,721	60,764
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				100,099

Schedule D (Form 990) 2010



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	5,041,084
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,045,909
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,825
4	Net unrealized gains (losses) on investments	4	-191
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	-191
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,016

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	3,438,367
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	3,438,367
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	1,602,717
c	Add lines 4a and 4b . . . . .	4c	1,602,717
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	5,041,084

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	3,443,192
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	Other losses . . . . .	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	3,443,192
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	1,602,717
c	Add lines 4a and 4b . . . . .	4c	1,602,717
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	5,045,909

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The Endowment Fund of United Way of Spokane County is administered by the Inland Northwest Community Foundation. The foundation has veto power over any funding requests by United Way. The fund is administered to ensure growth in perpetuity, while making earnings distributions available on an annual basis for the purposes of financing the mission of United Way.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor-Designated Gifts. United Way acts as an agent for workplace campaign gifts that are designated to other charities.
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Designated Gifts. United Way acts as an agent during workplace campaigns for gifts designated to other charities.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF SPOKANE COUNTY

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
91-0606058

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

71

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" to 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.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	United Way administers grants in one of two ways. The first way - is through a series of formal grant application processes that targeted specific desired results in education, income, and health outcomes. Organizational applicants are required to provide written materials that demonstrate clear alignment with desired results, along with a demonstrated capacity to produce and measure the results. Staff and volunteers reviewed the applications, and made funding recommendations that were approved by the United Way Board of Directors. These grants totaled \$2,240,218 for the year. The second way these funds are administered is as an agent to the donor, by qualifying the tax-exempt status of the designated recipient and transferring those funds. Agent-designated funds totaled \$1,602,717 during this year.



Software ID: 10000077

Software Version: v1.00

EIN: 91-0606058

Name: UNITED WAY OF SPOKANE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA930 N MONROE ST SPOKANE, WA 99201	91-0565025		214,105				Grants for Education Income and Health Outcomes
YMCA OF THE INLAND NORTHWEST1126 N MONROE SPOKANE, WA 99201	91-0827958		179,351				Grants for Education Income and Health Outcomes
SALVATION ARMY - CITADEL CORPSPO BOX 9108 SPOKANE, WA 992099108	94-1156347		123,702				Grants for Education Income and Health Outcomes
LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE, WA 992013816	90-0386860		120,668				Grants for Education Income and Health Outcomes
SPOKANE MENTAL HEALTH COORDINATING ASSN107 S DIVISION SPOKANE, WA 992021586	91-0853801		118,526				Grants for Education Income and Health Outcomes
FAMILY SERVICE SPOKANE 7 S HOWARD 321 SPOKANE, WA 99204	91-0564952		104,871				Grants for Education Income and Health Outcomes
AMERICAN RED CROSS - SPOKANE315 W NORA AVE SPOKANE, WA 99205	53-0196605		99,428				Grants for Education Income and Health Outcomes
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER845 S SHERMAN AVE SPOKANE, WA 99202	91-0912823		91,663				Grants for Education Income and Health Outcomes
CAMP FIRE USA INLAND NORTHWEST COUNCIL524 N MULLAN SPOKANE VALLEY, WA 99206	91-0567727		70,400				Grants for Education Income and Health Outcomes
GIRL SCOUTS OF EASTERN WA and NORTHERN ID1404 N ASH SPOKANE, WA 99201	91-0570844		63,483				Grants for Education Income and Health Outcomes
SPOKANE NEIGHBORHOOD ACTION PROGRAM3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127		60,946				Grants for Education Income and Health Outcomes
BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE, WA 992012243	91-0567262		48,750				Grants for Education Income and Health Outcomes

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPO GUILD'S SCHOOL-NEURO CTR2118 W GARLAND AVE SPOKANE,WA 99205	91-0863163		47,860				Grants for Education Income and Health Outcomes
EXCELSIOR YOUTH CENTER3754 WINDIAN TRIAL RD SPOKANE,WA 992084736	91-1189908		46,109				Grants for Education Income and Health Outcomes
THE ARC - SPOKANE320 E SECOND AVE SPOKANE,WA 992021402	91-0716160		38,944				Grants for Education Income and Health Outcomes
CHILDREN'S HOME SOCIETY OF WA2323 N DISCOVERY PLACE SPOKANE VALLEY,WA 99216	91-0575955		36,044				Grants for Education Income and Health Outcomes
SPOKANE REHABILITATION CENTER CENTER POINT 1408 N WASHINGTON SPOKANE,WA 992012438	91-0675549		35,143				Grants for Education Income and Health Outcomes
AMERICAN INDIAN COMMUNITY CENTER ASSOC905 E 3RD AVE SPOKANE,WA 99202	91-0822523		28,734				Grants for Education Income and Health Outcomes
SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE,WA 99202	23-7173826		27,075				Grants for Education Income and Health Outcomes
PROVIDENCE HEALTH and SERVICES WA dba PROVIDENCE VNA HOME HEALPO BOX 3989 SPOKANE,WA 992203989	51-0216586		24,249				Grants for Education Income and Health Outcomes
YFA CONNECTIONSPO Box 3344 SPOKANE,WA 99220	23-7049675		16,180				Grants for Education Income and Health Outcomes
E WA DEAF-HARD OF HEARIN1206 N HOWARD SPOKANE,WA 992012410	91-1106734		16,043				Grants for Education Income and Health Outcomes
CANCER PATIENT CARE OF SPOKANE COUNTY1507 E SPRAGUE AVE SPOKANE,WA 99202	91-0567727		13,658				Grants for Education Income and Health Outcomes
EPILEPSY FOUNDATION NORTHWEST2311 N 45th ST 134 SEATTLE,WA 98103	91-1062461		13,050				Grants for Education Income and Health Outcomes

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENCE HEALTH and SERVICES-WA dba PROVIDENCE ADULT DAY HEA6018 N ASTOR SPOKANE, WA 99207	51-0216586		8,484				Grants for Education Income and Health Outcomes
MID-CITY CONCERNS1222 W 2ND AVE SPOKANE, WA 99201	91-0833015		8,168				Grants for Education Income and Health Outcomes
LILAC SERVICES FOR THE BLIND1212 N HOWARD SPOKANE, WA 992012410	23-7121726		7,664				Grants for Education Income and Health Outcomes
BOYS and GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357		7,366				Grants for Education Income and Health Outcomes
SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 992049743	91-1380583		6,926				Grants for Education Income and Health Outcomes
DAYBREAK11711 E SPRAGUE D-4 SPOKANE, WA 99206	91-1083936		5,820				Grants for Education Income and Health Outcomes
SPOKANE NEIGHBORHOOD ACTION PARTNERS3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127		5,541				Grants for Education Income and Health Outcomes
CATHOLIC CHARITIESPO BOX 2253 SPOKANE, WA 992102253	91-0569880		41,935				Designated Gifts per Donor Request
HOSPICE OF SPOKANEPO BOX 2215 SPOKANE, WA 99210	91-0995069		27,010				Designated Gifts per Donor Request
SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE, WA 99202	23-7173826		25,875				Designated Gifts per Donor Request
VANESSA BEHAN CRISIS NURSERY1004 E EIGHTH AVE SPOKANE, WA 99202	91-1199575		17,197				Designated Gifts per Donor Request
CANCER PATIENT CARE OF SPOKANE COUNTY1507 E SPRAGUE AVE SPOKANE, WA 99202	91-0567727		17,170				Designated Gifts per Donor Request

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LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE,WA 992013816	90-0386860		16,414				Designated Gifts per Donor Request
PLANNED PARENTHOOD OF GREATER WASHINGTON and NORTH IDAHO1117 TIETON DRIVE YAKIMA,WA 98902	91-6071384		14,245				Designated Gifts per Donor Request
SPO GUILD'S SCHOOL-NEURO CTR2118 W GARLAND AVE SPOKANE,WA 99205	91-0863163		13,892				Designated Gifts per Donor Request
SALVATION ARMY - CITADEL CORPSPO BOX 9108 SPOKANE,WA 992099108	94-1156347		13,565				Designated Gifts per Donor Request
PROVIDENCE HEALTH and SERVICES WA dba PROVIDENCE VNA HOME HEALPO BOX 3989 SPOKANE,WA 992203989	51-0216586		12,966				Designated Gifts per Donor Request
YMCA OF THE INLAND NORTHWEST1126 N MONROE SPOKANE,WA 99201	91-0827958		11,550				Designated Gifts per Donor Request
BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE,WA 992012243	91-0567262		11,340				Designated Gifts per Donor Request
MOBIUS KIDS808 W MAIN AVE LOWER LEVEL 015 SPOKANE,WA 99201	91-1694299		10,991				Designated Gifts per Donor Request
SPOKANE VALLEY FIREFIGHTER BENEVOLENT ASSO CPO BOX 1364 VERADALE,WA 990371364	91-1985489		10,907				Designated Gifts per Donor Request
UNION GOSPEL MISSION ASSOCIATION OF SPOKANEP O BOX 4066 SPOKANE,WA 992024066	91-0613587		9,753				Designated Gifts per Donor Request
HABITAT FOR HUMANITY - SPOKANEP O BOX 4130 SPOKANE,WA 992020130	94-3066722		8,914				Designated Gifts per Donor Request
UNITED WAY OF KOOTENAI CNTY501 E Lakeside Suite 3 COEUR D ALENE,ID 83814	82-0232729		8,202				Designated Gifts per Donor Request

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AMERICAN RED CROSS - SPOKANE315 W NORA AVE SPOKANE, WA 99205	53-0196605		8,199				Designated Gifts per Donor Request
MID-CITY CONCERNS1222 W 2ND AVE SPOKANE, WA 99201	91-0833015		8,112				Designated Gifts per Donor Request
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS1224 E EUCLID SPOKANE, WA 99207	53-0196617		6,948				Designated Gifts per Donor Request
UNITED WAY OF KING COUNTY720 SECOND AVENUE SEATTLE, WA 981041702	91-0565555		6,882				Designated Gifts per Donor Request
UNITED WAY OF THE WINE COUNTRY751 4TH STREET SANTA ROSA,CA 954044407	94-1669646		6,508				Designated Gifts per Donor Request
BOYS and GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357		5,736				Designated Gifts per Donor Request
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER845 S SHERMAN AVE SPOKANE, WA 99202	91-0912823		5,724				Designated Gifts per Donor Request
SPOKANE NEIGHBORHOOD ACTION PROGRAM3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127		5,622				Designated Gifts per Donor Request
UNITED WAY OF SNOHOMISH COUNTY3120 McDOUGALL AVE SUITE 200 EVERETT,WA 98201	91-1423549		5,525				Designated Gifts per Donor Request
SPOKANE COUNTY REG ANIMAL PROTECTION SERVICES2521 N FLORA SPOKANE VALLEY, WA 99216	26-4118735		5,391				Designated Gifts per Donor Request
UNITED WAY OF COLUMBIA-WILLAMETTE 619 SW 11TH AVE 300 PORTLAND,OR 97205	93-0582124		5,297				Designated Gifts per Donor Request
SACRED HEART MEDICAL CENTER FOUNDATION ATTN JOHANNA JOHNSON PO BOX 2555 SPOKANE, WA 99201	91-0393510		5,084				Designated Gifts per Donor Request

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BLUE PRINTS FOR LEARNING35 W MAIN ST Suite 280 E SPOKANE, WA 99201	91-2160074		141,749				Grants for Education Income and Health Outcomes
CHILDREN'S HOME SOCIETY OF WA2323 N DISCOVERY PLACE SPOKANE VALLEY, WA 99216	91-0575955		131,634				Grants for Education Income and Health Outcomes
NORTHEAST WASHINGTON EDUCATIONAL SERVICE DISTRICT 1014202 S REGAL ST SPOKANE, WA 99223	91-0948293		44,603				Grants for Education Income and Health Outcomes
YFA CONNECTIONSPO Box 3344 SPOKANE, WA 99220	23-7049675		30,000				Grants for Education Income and Health Outcomes
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY905 W RIVERSIDE AVE STE 314 SPOKANE, WA 992011099	26-1581358		30,000				Grants for Education Income and Health Outcomes
SPOKANE NEIGHBORHOOD ACTION PROGRAM3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127		15,768				Grants for Education Income and Health Outcomes
SPOKANE PUBLIC SCHOOLS200 N BERNARD St SPOKANE, WA 99201	91-6001582		15,000				Grants for Education Income and Health Outcomes
UC REGENTS10990 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024	94-6002123		14,600				Grants for Education Income and Health Outcomes
YWCA930 N MONROE ST SPOKANE, WA 99201	91-0565025		11,952				Grants for Education Income and Health Outcomes
MONEY MANAGEMENT INTERNATIONAL4407 N DIVISION ST 814 SPOKANE, WA 99207	54-1837741		9,452				Grants for Education Income and Health Outcomes
NORTHEAST WASHINGTON EDUCATION COUNCIL 4202 S REGAL SPOKANE, WA 992237738	91-2148164		8,752				Grants for Education Income and Health Outcomes

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
UNITED WAY OF SPOKANE COUNTY

Employer identification number  
91-0606058

Identifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	Middle School Transitions We funded two programs designed to identify risky behavior and health issues of children at two area middle schools, and address them through professional counseling, health or dental care, and mentoring These programs are designed to keep children on-track in their education

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Members are the same as the directors



Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Members are also directors, and elect the non-staff officers and the next members of the board of directors

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The members and the governing body are one and the same

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The draft document is provided to members of the Administrative Committee prior to submission to the IRS. The committee is delegated the authority to review and approve the document on behalf of the Board of Directors.

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Preceding each board meeting, the President/CEO and Board Chair review items to be voted upon or discussed and determine, based on the conflict of interest disclosures and known relationships, whether any individuals may need to refrain from voting or discussion on specific topics

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President and CEO has had his pay review ed annually by the Executive Committee of the Board of Directors They have access to comparable pay data, and their recommendation and justification for pay adjustment is is documented in commttee meeting notes

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents and conflict of interest policy is made available upon request. The annual audited financial statements and Form 990 are posted on the company website (unitedwayspokane.org)