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Form <b>990</b>  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>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 91-0606058	
<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>E Telephone number</b> (509) 838-6581
	Doing Business As Spokane County United Way		<b>G</b> Gross receipts \$ 4,720,221
	Number and street (or P O box if mail is not delivered to street address) 920 N Washington Street Suite 100	Room/suite	
	City or town, state or country, and ZIP + 4 Spokane, WA 99201		
	<b>F</b> Name and address of principal officer Tim Henkel 920 N Washington Street Spokane, WA 99201		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ www.unitedwayspokane.org			
<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>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	25
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	29
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	1,086	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,987,007	4,549,754
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	64,531
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,077	18,093
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	0	64,491
		5,041,084	4,696,869
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	3,736,261	3,305,006
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	851,490	879,853
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 431,435		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	458,158	397,863
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,045,909	4,582,722
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-4,825	114,147
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		3,287,595	3,309,504
<b>21</b> Total liabilities (Part X, line 26) . . . . .		846,408	754,170
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		2,441,187	2,555,334

<b>Part II</b>	<b>Signature Block</b>
<p>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.</p>	

<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2013-02-15</div> </div>
	<div> <div></div> <div>Dale Damron CFO</div> </div> <div>Type or print name and title</div>			
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div></div> </div>	Date	<div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	Preparer's taxpayer identification number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>			EIN <div></div>
				Phone no <div></div>

Part III

Statement of Program Service Accomplishments







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

☐

1	Briefly describe the organization's mission				
To mobilize our community to create measurable results that improve people's lives. United Way advances the common good by creating opportunities for a better life for all. Our focus is on education, income, and health - the building blocks for a good quality of life.					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 972,331	including grants of \$ 872,827	(Revenue \$ 0	)
Education- Helping People achieve their potential. United Way focuses on an education continuum in order to help children and youth achieve their potential. The desired results we work to achieve help ensure children are nurtured and safe, ready for kindergarten with the social and emotional development necessary for them to be ready to learn, students are successful in and out of the classroom, and students graduate from high school on time. United Way makes strategic investments toward those ends including support for programs 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. In the 2011-2012 year programs funded in-part by United Way provided outpatient mental health and substance abuse counseling to 144 individuals, provided alternative education opportunities which resulted in six at-risk young men to achieve their GED or high school diploma, provided quality after-school programs to 4,279 at-risk youth, provided summer camp leadership training to 2,189 children, allowed 126 preschoolers and their parents to benefit from Early Learning Programs, provided parenting training to an additional 258 people, provided for the ongoing education of 383 children separated from their parents through legal action, provided skills training to 640 victims of domestic violence, and provided for successful therapy of 57 infants and toddlers experiencing delays in development. Partners in this work included the Boy Scouts, Boys & Girls Club, Camp Fire, Children's Home Society, Excelsior, Girl Scouts, Martin Luther King Family Outreach Center, Salvation Army, Spokane Guilds School, the YMCA and YWCA. 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 provides tools for over 100 teachers to improve child care quality for children from low income families and supports parents and teachers throughout the community by providing 10,000 kindergarten readiness calendars which give activities to help prepare children for kindergarten. Middle School Transitions: United Way is working with community partners to improve youth success in the middle school years, in order to keep them on track to graduate from high school. Through a pilot grant program targeting improvements in academic achievement, attendance, and behavioral improvement, United Way invested in tutoring, mentoring, mental health counseling, access to health and dental care, and family engagement for youth attending middle schools in three high-poverty Spokane neighborhoods. These programs provided 55 students with dental care, 155 youth with school and club-based mentoring, 58 children with afterschool academic support, 28 individual and 52 family counseling sessions for students and parents. United Way, in collaborations with other community partners, funded a longitudinal study of high school dropouts, the results of which informed the design of an Early Warning System by Spokane Public Schools.					
4b	(Code )	(Expenses \$ 448,446	including grants of \$ 321,525	(Revenue \$ 0	)
Income - Increasing financial stability. United Way promoted financial stability and opportunity through funding programs that ensure people have income and resources to meet basic needs (food, clothing, shelter, utilities, and transportation), enhanced employment-related skills, and tools to gain and sustain assets such as savings and retirement accounts, reliable transportation, and a home. In 2011-2012, programs funded in-part by United Way provided financial assistance to 501 individuals, food to 46,419 people, and financial-related information and referral services to 1121 people. Backpacks were provided to 3,753 low-income school children. Programs provided housing or housing assistance to 533 individuals and housing counseling to 363 people, and allowed 52 families to obtain a favorable modification on their mortgage. Financial education and assistance efforts enabled 40 people to open a bank account, assisted 15 individuals in improving their credit score, and provided basic financial education to another 130 people. In addition, 3,109 people received training in basic life skills necessary to self-sufficiency, 369 people received assistance in writing a resume, and 220 people received training in disaster preparedness. Partners in this work included the American Indian Community Center, Cancer Patient Care, Martin Luther King Family Outreach Center, Red Cross, Salvation Army, Second Harvest, Spokane Neighborhood Action Programs (SNAP), and the YWCA. United Way coordinates and supports the Spokane County CASH (Creating Assets, Savings, and Hope) Coalition, a collaborative effort of human services organizations, financial institutions, business, and government entities. Coalition partners coordinate services for low and moderate income people focused in three areas: free tax preparation, financial education and counseling, and access to banking/financial services. In 2012, United Way participated with the AARP, IRS, as well as the Cash Coalition to provide free tax preparation services to more than 4,500 local residents, resulting in over \$1.6 million in Earned Income Tax Credits and millions in refunds returned to the local economy.					
4c	(Code )	(Expenses \$ 666,806	including grants of \$ 654,103	(Revenue \$ 0	)
Health - Improving People's Health. United Way promotes improvement of people's health by supporting programs that help people make healthy choices that enhance their physical and social health, and assist vulnerable populations to access health care and integrate more successfully in society. In 2011-2012, health and social inclusion programs funded in-part by United Way provided inpatient mental health and substance abuse counseling to 177 individuals, outpatient mental health services to 396 youth, information and referral services to 615 people, food to 3,323 families and seniors, housing or housing assistance to 26 people, financial knowledge to 64 people, and made 3,420 visits to isolated individuals in veterans facilities. In addition, programs provided for 4,451 individuals from lower-income families to access community wellness resources, and allowed 2,929 victims of domestic violence to acquire skills to increase their safety and receive counseling. 1,704 vulnerable individuals received legal or advocacy services, 291 developmentally disabled adults were able to increase skills and social interaction, and 70 individuals received a comprehensive health review. 22 businesses received training on federal requirements on providing communications access for the hearing loss population. Partners in this work included Center Pointe, Daybreak of Spokane, Hearing Loss Center, Excelsior Youth Center, Family Service Spokane, Hospice of Spokane, Lilac Services for the Blind, Luther Community Services, Mid-City Concerns, Providence Adult Day Health, Providence Visiting Nurses Association, Red Cross, Spokane Aids Network, ARC of Spokane, YFA Connections, YMCA and YWCA.					
	(Code )	(Expenses \$ 1,338,025	including grants of \$ 1,338,025	(Revenue \$ 0	)
Donor Designations. Spokane County United Way runs or coordinates two major fund-raising programs: the United Way Campaign, and the Combined Federal Campaign for Eastern Washington. 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 \$ 265,598	including grants of \$ 118,526	(Revenue \$ 0	)
Community Capacity and Public Policy. United Way, with a team of community volunteers, reviews and approves grants to programs run by partnering agencies that demonstrate accountability toward the desired results described above under Education, Income, and Health. United Way stays informed of current community aspirations and concerns through community conversations (public knowledge) and develops relationships with business, schools, and government agencies. The resulting partnerships drive a more collaborative approach to change through community involvement, influencing public policy, and the design and delivery of high-impact human care services. United Way invests to connect those with needs to available resources by partnering with Frontier Behavioral Health in funding First Call for Help and the 2-1-1 information line. These resources serve as a crisis support, information, assistance, and referral services.					
	(Code )	(Expenses \$ 40,842	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 database of current volunteer opportunities and volunteers. In the service year, United Way handled 160 referrals for volunteers, resulting in 97 matches and 536 volunteer hours. United Way also worked with a total of 1,086 volunteers directly in a variety of capacities including fundraising, tax return preparation, participation on governance and policy committees, and our annual Day-of-Service activities.					
	(Code )	(Expenses \$ 42,246	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.					
4d	Other program services (Describe in Schedule O )				
	(Expenses \$ 1,686,711	including grants of \$ 1,456,551	(Revenue \$ 0	)	
4e	Total program service expenses \$ 3,774,294				

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> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	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>	3	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>	4	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>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	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>	7	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>	8	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>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	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> 	11a	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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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> 	12a	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> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	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, Part II and IV.</i>	15	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, Part III and IV.</i>	16	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.</i>	17	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>	18	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>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

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 questions 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		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>	4
<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>	29
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <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>2b</b>	Yes
<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 or securities 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</b>	<b>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>	Yes
<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>	Yes
<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</b>	<b>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</b>	<b>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</b>	<b>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> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate 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 aggregate 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

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cheryl Anne Millsap Director	1	X						0	0	0
(2) Jamie Aitken Director	1	X						0	0	0
(3) Gregory Davis Director	1	X						0	0	0
(4) Peggy Mangiaracina Director	1	X						0	0	0
(5) Greg Seibly Director	1	X						0	0	0
(6) Tom Stevenson Director	1	X						0	0	0
(7) Wallace Williams Chair, Community Impact Committee	1	X						0	0	0
(8) Polly Crowley Director	1	X						0	0	0
(9) Jared Serff Past Board Chair	1	X						0	0	0
(10) Linda Elkin Director	1	X						0	0	0
(11) Joel McCullough Director	1	X						0	0	0
(12) Mark Mattke Director	1	X						0	0	0
(13) Donna Stambaugh Director	1	X						0	0	0
(14) Beth Thew Director	1	X						0	0	0
(15) John Traynor Director	1	X						0	0	0
(16) Christy Burneister-Smith Treasurer	1	X						0	0	0
(17) Elaine Couture 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Rob Crow Director	1	X						0	0	0
(19) Kristin Goff Director	1	X						0	0	0
(20) Ozzie Knezovich Director	1	X						0	0	0
(21) Tina Morrison Director	1	X						0	0	0
(22) Jeff Phillips Director	1	X						0	0	0
(23) Dorothy Webster Director	1	X						0	0	0
(24) Cam Zorrozua Director	1	X						0	0	0
(25) Tim Henkel President and CEO	40			X				111,305	0	11,184
(26) Franklin Dale Damron CFO	40			X				62,771	0	8,724
(27) John Moloney Board Chair	3			X				0	0	0
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								174,076	0	19,908

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization1

	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

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
Associated Industries Real Estate LLC 1206 N Lincoln Suite 200 Spokane, WA 992012559	Facility Rental	124,032
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1		

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	4,280,004				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . .	1d	0				
	e	Government grants (contributions)	1e	29,750				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	240,000				
	g	Noncash contributions included in lines 1a-1f \$ 22,873						
	h	Total. Add lines 1a-1f . . . . .						4,549,754
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue		64,531	64,531			
	g	Total. Add lines 2a-2f . . . . .			64,531			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		18,572	18,572	0	0
4		Income from investment of tax-exempt bond proceeds . .		0	0	0	0	
5		Royalties . . . . .		0	0	0	0	
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)		0	0			
d		Net rental income or (loss) . . . . .						
7a		(i) Securities		(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)		-479	0			
d		Net gain or (loss) . . . . .			-479	-479	0	0
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
b		Less direct expenses . . . . .		b				
c		Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a					
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .		a					
b	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
d	All other revenue . . . . .			64,491	64,491	0	0	
e	Total. Add lines 11a-11d . . . . .			64,491				
12	Total revenue. See Instructions . . . . .			4,696,869	147,115	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)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,305,006	3,305,006		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	228,621	101,491	83,537	43,593
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	503,289	178,534	108,882	215,873
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,942	12,434	7,380	10,128
9	Other employee benefits	76,700	29,637	14,951	32,112
10	Payroll taxes	41,301	16,294	8,648	16,359
11	Fees for services (non-employees)				
a	Management	1,660	1,660		
b	Legal				
c	Accounting	21,806		18,206	3,600
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	50,908	21,958	11,274	17,676
13	Office expenses	57,291	18,408	9,925	28,958
14	Information technology	30,474	12,618	7,479	10,377
15	Royalties				
16	Occupancy	125,591	64,394	25,797	35,400
17	Travel	8,978	-1,866	6,262	4,582
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,040	4,024	8,070	8,946
20	Interest				
21	Payments to affiliates	51,018		51,018	
22	Depreciation, depletion, and amortization	13,689	4,925	5,005	3,759
23	Insurance	4,450		4,450	
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	Dues and Subscriptions	8,399	2,975	5,352	72
b	Property Tax	417	0	417	0
c	Recruiting	340	0	340	0
d	Miscellaneous	1,802	1,802	0	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,582,722	3,774,294	376,993	431,435
26	Joint costs. Check here <input 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	<b>1</b>	Cash—non-interest-bearing . . . . .			779,138	<b>1</b>	783,220
	<b>2</b>	Savings and temporary cash investments . . . . .			168,865	<b>2</b>	240,680
	<b>3</b>	Pledges and grants receivable, net . . . . .			1,644,023	<b>3</b>	1,760,091
	<b>4</b>	Accounts receivable, net . . . . .			14,843	<b>4</b>	11,247
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			0	<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			0	<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			41,557	<b>9</b>	13,620
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	199,080			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	110,724	100,099	<b>10c</b>	88,356
	<b>11</b>	Investments—publicly traded securities . . . . .			539,070	<b>11</b>	412,290
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .				<b>15</b>	
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			3,287,595	<b>16</b>	3,309,504
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			117,436	<b>17</b>	81,079
	<b>18</b>	Grants payable . . . . .			728,972	<b>18</b>	673,091
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			846,408	<b>26</b>	754,170
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			1,007,674	<b>27</b>	847,832
	<b>28</b>	Temporarily restricted net assets . . . . .			1,259,362	<b>28</b>	1,531,532
	<b>29</b>	Permanently restricted net assets . . . . .			174,151	<b>29</b>	175,970
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>			2,441,187	<b>33</b>	2,555,334
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>			3,287,595	<b>34</b>	3,309,504

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	4,696,869
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,582,722
3	Revenue less expenses Subtract line 2 from line 1	3	114,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,441,187
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	2,555,334

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 checked="" type="checkbox"/> Separate basis <input 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?		No
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

2011

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 **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 Se**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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,531,930	4,863,747	4,943,480	4,913,589	4,614,285	23,867,031
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
4 Total. Add lines 1 through 3	4,531,930	4,863,747	4,943,480	4,913,589	4,614,285	23,867,031
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						23,867,031

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,531,930	4,863,747	4,943,480	4,913,589	4,614,285	23,867,031
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,780	49,751	33,858	54,077	18,572	213,038
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	65,566		58,012	73,418	64,491	261,487
11 Total support (Add lines 7 through 10)						24,341,556

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 2011 (line 6 column (f) divided by line 11 column (f))	14	98 051 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 975 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. 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 <b>stop here</b> . 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Section B 10 Other Income includes event sponsorships and ticket sales for informational events, as well as sponsorships for the purpose of hiring seasonal fund raisers

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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) 2011

**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

	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 . . . . .	738,930	654,486	623,099	818,207
b	Contributions . . . . .	1,819	958	4,839	540
c	Investment earnings or losses . . . . .	889	121,398	65,907	-155,352
d	Grants or scholarships . . . . .	27,346	29,348	30,833	31,498
e	Other expenditures for facilities and programs . . . . .	0	1,227	818	924
f	Administrative expenses . . . . .	8,334	7,337	7,708	7,874
g	End of year balance . . . . .	705,958	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 ▶ 61 %

c

Term endowment ▶ 39 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	0	0	0
c Leasehold improvements . . . . .	45,202	0	13,937	31,265
d Equipment . . . . .	69,393	0	65,275	4,118
e Other . . . . .	84,485	0	31,512	52,973
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				88,356



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,696,869
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,582,722
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	114,147
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	114,147

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	3,359,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	479
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	479
3	Subtract line 2e from line 1 . . . . .	3	3,358,844
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	1,338,025
c	Add lines 4a and 4b . . . . .	4c	1,338,025
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	4,696,869

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	3,245,176
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	479
e	Add lines 2a through 2d . . . . .	2e	479
3	Subtract line 2e from line 1 . . . . .	3	3,244,697
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	1,338,025
c	Add lines 4a and 4b . . . . .	4c	1,338,025
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	4,582,722

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_L02d	Schedule D, Part XIII, Line 2d	Losses on sale of donated securities.
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Donor-Designated gifts. United Way acts as an agent for workplace campaign gifts that are 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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(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 listed in the line 1 table . . . . . 685

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

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 provides assistance to organizations in one of two ways. First, United Way administers grants through soliciting formal applications from local agencies that provide programs with targeted desired outcomes in the areas of education, income, and health. Applicants are required to demonstrate clear alignment with United Way's desired results, as well as demonstrate the capacity to produce and measure outcomes and improvement in people's lives. Staff and volunteers review the applications and make funding recommendations subject to approval by the United Way Board of Directors. Interim reporting of program accomplishments in writing is required by the grantees. These grants totaled \$1,966,982 during the year. Secondly, United Way acts as an agent for donors that designate their gifts to a third-party organization. In these cases, United Way qualifies the tax-exempt status of the designated organization and transfers the funds. Designated funds totaled \$1,338,025 during the year.

**Software ID:** 11000129  
**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
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501c3	224,615				Grants for Education, Income & Health Outcomes
YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501c3	170,970				Grants for Education, Income & 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
CHILDREN'S HOME SOCIETY OF WA 2323 N DISCOVERY PLACE SPOKANE VALLEY, WA 99216	91-0575955	501c3	126,164				Grants for Education, Income & Health Outcomes
LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE, WA 992013816	90-0386860	501c3	120,668				Grants for Education, Income & 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
SPOKANE MENTAL HEALTH COORDINATING ASSN107 S DIVISION SPOKANE, WA 992021586	91-0853801	501c3	118,526				Grants for Education, Income & Health Outcomes
FRONTIER BEHAVIORAL HEALTH7 S HOWARD Suite 321 SPOKANE, WA 99204	91-0853801	501c3	106,871				Grants for Education, Income & Health Outcomes

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<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
SALVATION ARMY - CITADEL CORPS PO BOX 9108 SPOKANE, WA 992099108	94-1156347	501c3	106,631				Grants for Education, Income & Health Outcomes
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER845 S SHERMAN AVE SPOKANE, WA 99202	91-0912823	501c3	91,662				Grants for Education, Income & 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
AMERICAN RED CROSS - SPOKANE 315 WNORA AVE SPOKANE, WA 99205	53-0196605	501c3	84,269				Grants for Education, Income & Health Outcomes
SPOKANE NEIGHBORHOOD ACTION PARTNERS 3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127	501c3	75,736				Grants for Education, Income & Health Outcomes

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

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CAMP FIRE USA INLAND NORTHWEST COUNCIL524 N MULLAN SPOKANE VALLEY, WA 99206	91- 0567727	501c3	70,400				Grants for Education, Income & Health Outcomes
BLUE PRINTS FOR LEARNING35 W MAIN ST Suite 280 E SPOKANE, WA 99201	91- 2160074	501c3	66,550				Grants for Education, Income & Health Outcomes

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GIRL SCOUTS OF EASTERN WA & NORTHERN ID1404 N ASH SPOKANE, WA 99201	91-0570844	501c3	63,483				Grants for Education, Income & Health Outcomes
NORTHEAST WASHINGTON EDUCATIONAL SERVICE DISTRICT 1014202 S REGAL ST SPOKANE, WA 99223	91-0948293	501c3	54,678				Grants for Education, Income & Health Outcomes

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BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE, WA 992012243	91-0567262	501c3	48,113				Grants for Education, Income & Health Outcomes
SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR CENTER2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501c3	47,860				Grants for Education, Income & Health Outcomes

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

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BOYS & GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501c3	47,366				Grants for Education, Income & Health Outcomes
YFA CONNECTIONS PO Box 3344 SPOKANE, WA 99220	23-7049675	501c3	39,180				Grants for Education, Income & Health Outcomes



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THE ARC - SPOKANE320 E SECOND AVE SPOKANE, WA 992021402	91-0716160	501c3	38,944				Grants for Education, Income & Health Outcomes
EXCELSIOR YOUTH CENTER 3754 WINDIAN TRIAL RD SPOKANE, WA 992084736	91-1189908	501c3	38,334				Grants for Education, Income & Health Outcomes

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SPOKANE REHABILITATION CENTERCENTER POINT 1408 N WASHINGTON SPOKANE, WA 992012438	91-0675549	501c3	35,143				Grants for Education, Income & Health Outcomes
AMERICAN INDIAN COMMUNITY CENTER ASSOC905 E 3RD AVE SPOKANE, WA 99202	91-0822523	501c3	28,734				Grants for Education, Income & 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
SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501c3	28,075				Grants for Education, Income & Health Outcomes
PROVIDENCE HEALTH & SERVICES WAPO BOX 3989 SPOKANE, WA 992203989	51-0216586	501c3	24,249				Grants for Education, Income & 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
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY 905 W RIVERSIDE AVE STE 316 SPOKANE, WA 99201	26-1581358	501c3	15,000				Grants for Education, Income & Health Outcomes
HEARING LOSS CENTER1206 N HOWARD SPOKANE, WA 992012410	91-1106734	501c3	12,032				Grants for Education, Income & 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 & SERVICES-WA dba PROVIDENCE ADULT DAY HEA Providence Adult Day Health6018 N ASTOR SPOKANE, WA 99207	51-0216586	501c3	8,484				Grants for Education, Income & Health Outcomes
MID-CITY CONCERNS1222 W 2ND AVE SPOKANE, WA 99201	91-0833015	501c3	8,168				Grants for Education, Income & Health Outcomes

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

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LILAC SERVICES FOR THE BLIND 1212 N HOWARD SPOKANE, WA 992012410	23-7121726	501c3	7,664				Grants for Education, Income & Health Outcomes
SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 992049743	91-1380583	501c3	6,926				Grants for Education, Income & 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
EPILEPSY FOUNDATION NORTHWEST2311 N 45th ST Suite134 SEATTLE, WA 98103	91-1062461	501c3	6,525				Grants for Education, Income & Health Outcomes
CANCER PATIENT CARE OF SPOKANE COUNTY1507 E SPRAGUE AVE SPOKANE, WA 99202	91-0567727	501c3	5,831				Grants for Education, Income & 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
DAYBREAK YOUTH SERVICES960 E 3RD AVE SPOKANE, WA 99202	91-1083936	501c3	5,820				Grants for Education, Income & Health Outcomes
CATHOLIC CHARITIESPO BOX 2253 SPOKANE, WA 992102253	91-0569880	501c3	53,057				Designated Gifts per donor instruction



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SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501c3	29,636				Designated Gifts per donor instruction
HOSPICE OF SPOKANEPO BOX 2215 SPOKANE, WA 99210	91-0995069	501c3	27,504				Designated Gifts per donor instruction

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VANESSA BEHAN CRISIS NURSERY 1004 E EIGHTH AVE SPOKANE, WA 99202	91-1199575	501c3	22,285				Designated Gifts per donor instruction
UNITED WAY OF THE WINE COUNTRY 418 B ST STE 400 SANTA ROSA, CA 95401	94-1669646	501c3	20,728				Designated Gifts per donor instruction

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UNITED WAY OF KING COUNTY720 SECOND AVENUE SEATTLE, WA 981041702	91-0565555	501c3	20,146				Designated Gifts per donor instruction
PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO1117 TIETON DRIVE YAKIMA,WA 98902	91-6071384	501c3	18,839				Designated Gifts per donor instruction

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UNITED WAY OF COLUMBIA WILLAMETTE619 SW 11TH AVE SUITE300 PORTLAND,OR 97205	93-0582124	501c3	16,801				Designated Gifts per donor instruction
SALVATION ARMY - CITADEL CORPS PO BOX 9108 SPOKANE,WA 992099108	94-1156347	501c3	15,930				Designated Gifts per donor instruction

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SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR CENTER2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501c3	15,242				Designated Gifts per donor instruction
YMCA OF THE INLAND NORTHWEST1126 N MONROE SPOKANE, WA 99201	91-0827958	501c3	13,294				Designated Gifts per donor instruction

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

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UNION GOSPEL MISSION ASSOCIATION OF SPOKANE P O BOX 4066 SPOKANE, WA 992024066	91-0613587	501c3	11,752				Designated Gifts per donor instruction
CANCER PATIENT CARE OF SPOKANE COUNTY1507 E SPRAGUE AVE SPOKANE, WA 99202	91-0567727	501c3	11,603				Designated Gifts per donor instruction

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PROVIDENCE HEALTH & SERVICES WA dbal Providence VNA Home HealthPO BOX 3989 SPOKANE, WA 992203989	51-0216586	501c3	11,344				Designated Gifts per donor instruction
BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE, WA 992012243	91-0567262	501c3	11,011				Designated Gifts per donor instruction

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AMERICAN RED CROSS - SPOKANE315 W NORA AVE SPOKANE, WA 99205	53-0196605	501c3	10,528				Designated Gifts per donor instruction
MOBIUS KIDS808 W MAIN AVE LOWER LEVEL 015 SPOKANE, WA 99201	91-1694299	501c3	8,952				Designated Gifts per donor instruction



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UNITED STATES CONFERENCE OF CATHOLIC BISHOPS GONZAGA PREPARATORY SCHOOL 1224 E EUCLID SPOKANE, WA 99207	53-0196617	501c3	8,873				Designated Gifts per donor instruction
MID-CITY CONCERNS1222 W 2ND AVE SPOKANE, WA 99201	91-0833015	501c3	8,655				Designated Gifts per donor instruction

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

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UNITED WAY OF KLAMATH BASIN PO Box 1839 Klamath Falls, OR 97601	93-0441766	501c3	8,522				Designated Gifts per donor instruction
UNITED WAY OF SNOHOMISH COUNTY 3120 McDOUGALL AVE Suite 200 EVERETT, WA 98201	91-1423549	501c3	8,186				Designated Gifts per donor instruction

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UNITED WAY OF KOOTENAI CNTY 501 E Lakeside Suite 3 COEUR D ALENE, ID 83814	82-0232729	501c3	7,836				Designated Gifts per donor instruction
UNITED WAY OF TREASURE VALLEY PO BOX 7963 BOISE, ID 837071963	82-0299013	501c3	7,805				Designated Gifts per donor instruction

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LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE, WA 992013816	90-0386860	501c3	6,962				Designated Gifts per donor instruction
SPOKANE COUNTY REG ANIMAL PROTECTION SERVICES2521 N FLORA SPOKANE VALLEY, WA 99216	26-4118735	501c3	6,885				Designated Gifts per donor instruction

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THE ARC - SPOKANE320 E SECOND AVE SPOKANE, WA 992021402	91-0716160	501c3	6,293				Designated Gifts per donor instruction
BOYS & GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501c3	6,038				Designated Gifts per donor instruction

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UNITED WAY OF LANE COUNTY3171 Gateway Loop Springfield, OR 97477	93-0394142	501c3	5,983				Designated Gifts per donor instruction
TRANSITIONAL PROGRAMS FOR WOMEN3104 W FORT GEORGE WRIGHT DR SPOKANE, WA 99202	91-1307272	501c3	5,756				Designated Gifts per donor instruction

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YWCA930 N MONROE ST SPOKANE, WA 99201	91-0565025	501c3	5,740				Designated Gifts per donor instruction
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER845 S SHERMAN AVE SPOKANE, WA 99202	91-0912823	501c3	5,351				Designated Gifts per donor instruction

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PROVIDENCE HEALTH & SERVICES-WA dba Prodience Adult Day Health6018 N ASTOR SPOKANE, WA 99207	51-0216586	501c3	5,245				Designated Gifts per donor instruction



**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

**2011****Open to Public  
Inspection**Name of the organization  
UNITED WAY OF SPOKANE COUNTY**Employer identification number**

91-0606058

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Governing board members can elect new board members
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Governing board members vote on a wide variety of corporate business decisions as defined in the bylaws and articles of incorporation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The form 990 is provided to the administrative committee of the governing board in advance of filing with the IRS, with the opportunity to review and ask questions about it
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Potential conflicts of interest are requested from each board member in writing each year. When and if upcoming decisions of the board are known to potentially present a conflict of interest involving one or more of the governing board members based upon their business or other relationships, those individuals are sequestered from both the evaluation process as well as the voting.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Evaluation of the salary of the CEO is done by the executive committee of the board of directors, and was last completed in the autumn of 2010. Comparable salary data is reviewed by the committee, with the committee members providing its rationale for their salary recommendation to the board of directors for vote at a regular meeting of the board. These deliberations are written and kept in the personnel file of the CEO.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization makes its Form 990 and Audited Financial Statements on its website. Other organizational documents such as the Articles of Incorporation, Bylaws, Whistleblower Policy and Conflict of Interest Statement may be made available upon request.

Additional Data

Software ID: 11000129  
Software Version: v1.00  
EIN: 91-0606058  
Name: UNITED WAY OF SPOKANE COUNTY

Form 990, Special Condition Description:

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

4d. Other program services
(Code ) (Expenses \$ 1,338,025 including grants of \$ 1,338,025 ) (Revenue \$ 0 ) Donor Designations Spokane County United Way runs or coordinates two major fund-raising programs the United Way Campaign, and the Combined Federal Campaign for Eastern Washington 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 \$ 265,598 including grants of \$ 118,526 ) (Revenue \$ 0 ) Community Capacity and Public Policy United Way, with a team of community volunteers, reviews and approves grants to programs run by partnering agencies that demonstrate accountability toward the desired results described above under Education, Income, and Health United Way stays informed of current community aspirations and concerns through community conversations (public knowledge) and develops relationships with business, schools, and government agencies The resulting partnerships drive a more collaborative approach to change through community involvement, influencing public policy, and the design and delivery of high-impact human care services United Way invests to connect those with needs to available resources by partnering with Frontier Behavioral Health in funding First Call for Help and the 2-1-1 information line These resources serve as a crisis support, information, assistance, and referral services

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

4d. Other program services			
(Code )	(Expenses \$ 40,842	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 database of current volunteer opportunities and volunteers. In the service year, United Way handled 160 referrals for volunteerism, resulting in 97 matches and 536 volunteer hours. United Way also worked with a total of 1,086 volunteers directly in a variety of capacities including fundraising, tax return preparation, participation on governance and policy committees, and our annual Day-of-Service activities.			
(Code )	(Expenses \$ 42,246	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.			