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|---|---|---------------------------|
| Form 990  Department of the Treasury Internal Revenue Service | <div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div> | OMB No 1545-0047 |
| | | 2012 |
| | | Open to Public Inspection |

| | | | |
|---|---|------------|---|
| A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013 | | | |
| 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 | C Name of organization UNITED WAY OF SPOKANE COUNTY | | D Employer identification number 91-0606058 |
| | Doing Business As Spokane County United Way | | |
| | Number and street (or P O box if mail is not delivered to street address) 920 N Washington Street Suite 100 | Room/suite | E Telephone number (509) 838-6581 |
| | City or town, state or country, and ZIP + 4 Spokane, WA 99201 | | G Gross receipts \$ 4,831,013 |
| | F Name and address of principal officer Tim Henkel 920 N Washington St Suite 100 Spokane, WA 99201 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: www.unitedwayspokane.org | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation 1953 |
| | | | M State of legal domicile WA |

| Part I | Summary |
|-----------------------------|--|
| Activities & Governance | 1 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 |
| | |
| | |
| | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
| | |
| | |
| | |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a)30 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b)30 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)35 |
| | 6 Total number of volunteers (estimate if necessary)1,250 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 120 |
| | 7b Net unrelated business taxable income from Form 990-T, line 340 |
| | |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) |
| | 9 Program service revenue (Part VIII, line 2g) |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) |
| Net Assets or Fund Balances | b Total fundraising expenses (Part IX, column (D), line 25) 456,098 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) |
| | 19 Revenue less expenses Subtract line 18 from line 12 |
| | |
| | |
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| | |

Part II

Signature Block

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

| | | | | |
|------------------------|---------------------------|----------------------|------------------------------|--|
| Sign Here | Signature of officer | | 2014-01-15 | |
| | Date | | | |
| Paid Preparer Use Only | Dale Damron CFO | | Type or print name and title | |
| | Prnt/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | Firm's name | | Firm's EIN | |
| Firm's address | | Phone no | | |

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

Part III

Statement of Program Service Accomplishments







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

☐

| | | | | | |
|---|---|--------------------------------|----------------------------------|-----------------|--|
| 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 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 \$ 1,392,597 | including grants of \$ 1,392,597 | (Revenue \$ 0) | |
| Donor Designated Gifts Spokane County United Way runs or coordinates two major fundraising 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 | | | | | |
| 4b | (Code) | (Expenses \$ 655,174 | including grants of \$ 639,410 | (Revenue \$ 0) | |
| HEALTH - HEALTH & INCLUSION United Way provides funding to a number of local area non-profits to provide services to vulnerable populations, and increase their participation in community Last year, the Red Cross made 7500 visits to local veterans The ARC of Spokane Community Center enabled 78 developmentally disabled adults to achieve social and personal goals in a supportive environment Center Point provided a wide range of educational and recreational activities that helped 135 developmentally disabled adults to increase skills and social competencies Last year, the Hearing Loss Center provided advocacy training to 27 local businesses Lilac Blind provided professional services to 15 new clients with visual impairment or blindness, including lifestyle adaptation, counseling, and skills training to enhance independent living and social inclusion Mid-City Concerns' Meals on Wheels Program served 78,976 meals to 527 seniors, along with periodic visitations and service referrals Providence Adult Day Health served 127 seniors, providing 5 hours per day nursing, exercise, and socialization opportunities, while providing respite for their caregivers They also provided 36 hours of professionally-facilitated group support for caregivers Providence Visiting Nurses Association provided nursing services to 173 vulnerable patients facing serious health challenges and lacking the financial resources to pay for needed care | | | | | |
| 4c | (Code) | (Expenses \$ 510,862 | including grants of \$ 435,794 | (Revenue \$ 0) | |
| Children Succeed In School United Way is a leader in three community partnerships to improve youth success The School Community Partnership Committee, co-led by United Way and Spokane Public Schools, brings a broad range of community organizations and school district staff together to improve access to resources to youth at risk of dropping out of school Successes in the '12-'13 school year included the district's implementation of an early warning dashboard for early identification of youth at risk, implementation of data sharing agreements between the district and community partners, and improved access to mentors for youth in elementary and middle school United Way also coordinated the Youth Program Quality Initiative (YPQI), which provided training, coaching and program assessment to nine organizations serving youth age 10 - 18 Funded by a grant from the Raikes Foundation, this project uses the Youth Program Quality Assessment developed by the David P. Weikart Center for Youth Program Quality The Initiative goals are to strengthen the skill base and practices of staff at the point of service where youth and adults interact, to build capacity for continuous program quality improvement into youth agency operations, and to increase the availability of high quality programs serving adolescents Finally, United Way was selected by community partners to become the "backbone organization" for a new collective impact initiative to improve the education continuum from "cradle to career" in Spokane County With technical assistance from the national Strive Network, United Way engaged over 75 local educators and community partners in a series of meetings to begin planning this cross-sector work United Way funded in part a Boy Scout's initiative, enabling 103 youth to gain hands-on career knowledge through completing a Career Exploration Program In addition, 1,048 Youth were provided financial scholarships and mentoring to participate in scouting programs 1,460 youth participated in community service projects United Way funded in part the Boys and Girls Club "Be Great Graduate" program that coordinates teachers, school counselors, parents, and mentors around the social and academic development of 165 at-risk youth, improving behavior, attendance and academic attainment United Way provided funding toward Camp Fire Inland Northwest's summer camp program, enabling 487 youth from low income families to participate in summer outdoor recreation programs that focused on developing social and cultural competencies, positive values and positive identity Camp Fire' "Elementary Leadership" program served 122 students at three elementary schools focusing on leadership and team-building with an emphasis on communication, respect, and conflict resolution United Way funded the Communities In Schools' "Check and Connect" mentoring program at Shaw Middle School The site coordinator matched adults with 81 youth, 75% of whom experienced improvement in attendance, behavior, and academic attainment United Way provided funding in part for the Girl Scouts of Eastern Washington and Northern Idaho, enabling 305 low income and at-risk girls to participate in volunteer-led scouting programs The scouting program is designed for personal development, building health relationships, and community involvement United Way also funded in part the MLK Family Outreach Center' Fulfillment, Achievement, Maturity, Enrichment (FAME) program, an after-school program that served 27 primarily low income, ethnically diverse elementary students ages 5-12 The program provides a safe, structured environment that combines academic, social and emotional development, enrichment, cultural, and recreational activities to guide learning and engage children United Way funded in part the Martin Luther King Outreach Center's Summer Youth Academy, serving 63 primarily low income, ethnically diverse preschool and elementary students ages 3 1/2 to 12 years Summer Youth Academy provides an interactive learning environment designed to build self-esteem, promote diversity, and cultural awareness Teen Leadership is a component of Summer Youth Academy offered provided for 26 teens 13-18 years The program prepares teens for the workforce by providing opportunities to develop social and work skills in a community-based setting The United Way funded in part the YMCA of the Inland Northwest' School Age Care Programs, comprising before and after-school programs and summer day camp programs Care is provided for children ages 5-14, from kindergarten through eighth grade Included are enrichment activities that support the 40 Developmental Assets, encouraging personal and academic growth, improved self-esteem, and a healthy lifestyle These programs provide structured activities in a safe environment with caring adults that facilitate students' success in school 802 children were served after school and 749 were served at the summer camps | | | | | |
| | (Code) | (Expenses \$ 423,159 | including grants of \$ 133,318 | (Revenue \$ 0) | |
| COMMUNITY PLANNING 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 \$ 26,796 | 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 an on-line database of current volunteer opportunities and volunteers In the service year, United Way handled 602 referrals for volunteerism, resulting in 480 matches and approximately 1000 volunteer hours United Way also worked with a total of 1,250 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 \$ 34,309 | including grants of \$ 0 | (Revenue \$ 0) | |
| Labor Services Spokane County United Way Labor services works with the labor community to educate interested members about available health and human care services, recruit volunteers for food drives, recruit and place members of organized labor with volunteer opportunities of human and health care organizations, and solicit support of the United Way fundraising campaign | | | | | |
| | (Code) | (Expenses \$ 227,013 | including grants of \$ 199,753 | (Revenue \$ 0) | |
| EDUCATION - EARLY LEARNING Experiences in the first five years of life help determine whether a child will be successful in school and life 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 10,000 kindergarten readiness calendars were distributed to parents and teachers throughout the county, providing activities to do with four-year-olds throughout the year to help them be ready on the first day of kindergarten United Way funded curriculum development and training at Blueprints for Learning to improve the quality of care provided at Spokane area child care centers through increasing the skills and knowledge of the providers Blueprints for Learning delivered Child Development Associate & Mentoring Program classes to 150 center directors, owners and teachers At Martin Luther King Jr Family Outreach Center, 55 caregivers were provided culturally responsive parent education on attachment relationships, using the Circle of Security Parenting(R) model At Spokane Guilds' School, 126 children with disabilities under the age of three were seen monthly and received early intervention services from 1/12 - 12/12 At Spokane's Central YMCA, the Children's Center served 163 children ages four weeks through five years, focusing on developmentally appropriate curriculum for infants, toddlers, pre-schoolers and pre-kindergarteners | | | | | |
| | (Code) | (Expenses \$ 152,643 | including grants of \$ 152,643 | (Revenue \$ 0) | |
| HEALTH - CHILDREN NURTURED & SAFE United Way provided funding in part for the following programs focused on the safety and nurturing of children At Children's Home Society, the Parents as Teachers Program served 20 families through home visits and group meetings to learn child development skills, improve parent-child bonding, improve family functioning, and increase access to needed resources The Lutheran Community Services Child Welfare Program provided counseling services to 185 children who were victims of abuse and neglect, therapeutic foster care for children with severe behavioral/emotional disturbances, and out-patient mental health services for children with sexual behavior problems and co-occurring mental health issues The Lutheran Community Services Sexual Assault and Family Trauma Center (SAFeT) provided individual, family, and group therapy to 1,229 family members The program also provides crisis intervention and referral, legal and medical advocacy, and specialized support groups for victims of sexual assault and other violent crime 861 clients received advocacy services and a 24-hour crisis line provided services to 2320 callers At the Salvation Army - Sally's House and Nurturing Center for Children and Families (NFCC), wrap-around services are provided for children and families experiencing neglect or abuse An emergency foster care placement center served 438 children ages 2-12 from 272 families NFCC provided professional counseling, supervised visitation, trauma testing, and parenting assessment and instruction The YWCA's Alternatives to Domestic Violence Program (ADVP) provided legal assistance, advocacy, counseling and safe shelter and housing to 9,002 survivors of domestic violence and their children in 2012 Children who are exposed to complex trauma including domestic violence can experience long-term negative consequences of abuse including mental health issues and depression, behavioral issues and learning disabilities At the YWCA Child Advocacy Program, 148 children and 134 parents received therapeutic play interactions to help mothers and children reconnect and begin to rebuild their relationships | | | | | |
| | (Code) | (Expenses \$ 209,564 | including grants of \$ 104,336 | (Revenue \$ 0) | |
| INCOME-FINANCIAL STABILITY Spokane County United Way coordinates the Spokane County CASH Coalition (CASH stands for Creating Assets, Savings & Hope) Members of the CASH Coalition include representatives from financial institutions, social service providers, education partners and government agencies Their work encompasses financial education and counseling, second chance banking, and free tax preparation Last year, 326 people received one-on-one financial coaching, 780 individuals received basic money management and credit classes, an estimated 500 individuals took advantage of targeted second-chance banking programs, and 5,053 individuals received free tax preparation services The YWCA's Women's Opportunity Center provided financial education to 403 economically disadvantaged women, 328 of whom reported having acquired skills to increase their personal assets Through the services of SNAP Financial Access, 35 program participants purchased a home, 122 foreclosures were prevented, 109 individuals developed personal debt reduction plans, 69 business/consumer loans were made, and 45 people started or expanded a small business | | | | | |
| | (Code) | (Expenses \$ 249,710 | including grants of \$ 242,581 | (Revenue \$ 0) | |
| INCOME - BASIC NEEDS The United Way funds in part the American Indian Community Center, which last year provided food assistance and meals to 3,015 adults, including 817 seniors Our collaboration with the Martin Luther King Jr Family Emergency Services Program enabled 120 families to receive emergency financial help to cover rent, utilities, and other basic needs United Way funded in part the Salvation Army's Housing Stabilization and Empowerment Program (HS&E) HS&E provides a continuum of services, ranging from basic needs and emergency/prevention services to shelter, transitional housing, and aftercare, while providing case management and crisis management for all Last year, the program fed 12,995 individuals, provided shelter or transitional housing to 174 households, and provided 555 households with life skills and employment training skills United Way also provides funding to Second Harvest, which provided food to 114 regional food banks, meal centers, and youth programs | | | | | |
| 4d | Other program services (Describe in Schedule O) | | | | |
| | (Expenses \$ 1,323,194 | including grants of \$ 832,631 | (Revenue \$ 0) | | |
| 4e | Total program service expenses ▶ 3,881,827 | | | | |

Part IV

Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | 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? If "Yes," complete Schedule C, Part III | | 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? If "Yes," complete Schedule D, Part I | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 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? If "Yes," complete Schedule D, Part VI.  | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | 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? If "Yes," complete Schedule D, Part IX | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | 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)? If "Yes," complete Schedule D, Part X | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | 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 United States? If "Yes," complete Schedule F, Parts II and IV | | 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 United States? If "Yes," complete Schedule F, Parts III and IV | | 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? If "Yes," complete Schedule G, Part I (see instructions) | | 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? If "Yes," complete Schedule G, Part II | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 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, Part II, III, or IV, and Part V, line 1</i> | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| b | 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? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | 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? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

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

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ |
| 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 <input type="checkbox"/> Other (explain in Schedule O) |
| 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 during the tax year |
| 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 (509) 838-6581 |

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

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 175,658 | 0 | 27,193 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| Associated Industries Real Estate LLC 1206 N Lincoln Suite 200 Spokane WA 992012559 | Facility Rental | 138,592 |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part VIII

Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|---|---|--|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | 0 | | | |
| | b | Membership dues | 1b | 0 | | | |
| | c | Fundraising events | 1c | 0 | | | |
| | d | Related organizations | 1d | 0 | | | |
| | e | Government grants (contributions) | 1e | 51,658 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,560,506 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 35,164 | | | |
| | h | Total. Add lines 1a-1f | | 4,612,164 | | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | | 0 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 32,665 | 32,665 | 0 |
| 4 | | Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 |
| 5 | | Royalties | | 0 | 0 | 0 | 0 |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | 0 | 0 | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b | | Less cost or other basis and sales expenses | 34,533 | 0 | | | |
| c | | Gain or (loss) | 35,164 | 0 | | | |
| d | | Net gain or (loss) | -631 | 0 | -631 | 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 | | Cost Recovery Fees on Designated Gifts | 624000 | 66,572 | 66,572 | 0 | 0 |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | 85,079 | 85,079 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | 151,651 | | | | |
| 12 | Total revenue. See Instructions | | 4,795,849 | 183,685 | 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).

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. | 3,300,432 | 3,300,432 | | |
| 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. | 236,070 | 108,985 | 88,525 | 38,560 |
| 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. | 557,494 | 220,471 | 114,284 | 222,739 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 28,806 | 11,968 | 5,585 | 11,253 |
| 9 | Other employee benefits. | 88,511 | 36,773 | 17,161 | 34,577 |
| 10 | Payroll taxes. | 47,257 | 19,633 | 9,163 | 18,461 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | | | | |
| c | Accounting. | 16,415 | 0 | 12,750 | 3,665 |
| d | Lobbying. | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 7,611 | 518 | 5,972 | 1,121 |
| 12 | Advertising and promotion. | 46,142 | 16,065 | 6,365 | 23,712 |
| 13 | Office expenses. | 83,138 | 16,199 | 54,292 | 12,647 |
| 14 | Information technology. | 26,053 | 0 | 25,790 | 263 |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 128,170 | 53 | 128,117 | |
| 17 | Travel. | 35,017 | 17,899 | 8,423 | 8,695 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 39,487 | 21,028 | 4,977 | 13,482 |
| 20 | Interest. | | | | |
| 21 | Payments to affiliates. | 53,600 | 0 | 53,600 | 0 |
| 22 | Depreciation, depletion, and amortization. | 14,974 | 2,870 | 10,240 | 1,864 |
| 23 | Insurance. | 5,262 | 0 | 5,262 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). | | | | |
| a | Allocation of Indirect Expenses. | 0 | 105,044 | -169,855 | 64,811 |
| b | Dues and Subscriptions. | 9,531 | 3,780 | 5,503 | 248 |
| c | Special Events. | 14,657 | 0 | 14,657 | 0 |
| d | | | | | |
| e | All other expenses. | 346 | 109 | 237 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 4,738,973 | 3,881,827 | 401,048 | 456,098 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

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

☒

| | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-----------|-------------------|-----------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 783,220 | 1 | 368,068 |
| | 2 | Savings and temporary cash investments | | | 240,680 | 2 | 918,396 |
| | 3 | Pledges and grants receivable, net | | | 1,760,091 | 3 | 1,652,026 |
| | 4 | Accounts receivable, net | | | 11,247 | 4 | 17,855 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 13,620 | 9 | 41,568 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 228,591 | 88,356 | 10c | 102,893 |
| | b | Less accumulated depreciation | 10b | 125,698 | | | |
| | 11 | Investments—publicly traded securities | | | 412,290 | 11 | 309,322 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 3,309,504 | 16 | 3,410,128 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 81,079 | 17 | 88,391 |
| | 18 | Grants payable | | | 673,091 | 18 | 709,527 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 754,170 | 26 | 797,918 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 847,832 | 27 | 988,755 |
| | 28 | Temporarily restricted net assets | | | 1,531,532 | 28 | 1,446,285 |
| | 29 | Permanently restricted net assets | | | 175,970 | 29 | 177,170 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 2,555,334 | 33 | 2,612,210 |
| | 34 | Total liabilities and net assets/fund balances | | | 3,309,504 | 34 | 3,410,128 |

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 | 4,795,849 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,738,973 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 56,876 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,555,334 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,612,210 |

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 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? | 3a | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

Additional Data

Software ID: 12000197

Software Version: v1.00

EIN: 91-0606058

Name: UNITED WAY OF SPOKANE COUNTY

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | |
| Cheryl Anne Millsap Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jamie Aitken Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Greg Seibly Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Tom Stevenson Board Chair | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Wallace Williams Chair, Community Impact Committee | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Polly Crowley Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Linda Elkin Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Joel McCullough Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Mark Mattke Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donna Stambaugh Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Beth Thew Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| John Traynor Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Elaine Couture Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Rob Crow Chair, Public Policy Committee | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Kristin Goff Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ozzie Knezovich Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Tina Morrison Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jeff Phillips Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Dorothy Webster Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Cam Zorrozua Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| John Moloney Chair, Administration Committee | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Carla Altpeter Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Carrie Cheshier Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Barbara Doyle Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kim Ferraro Director | 1 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | |
| Dan Johnson Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Rob McCann Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Shelly Redinger PhD Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ken Schumacher Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kyle Smith Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Dennis Vermillion Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Tim Henkel President and CEO | 40 0 | | | X | X | X | | 111,120 | 0 | 15,520 |
| Franklin Dale Damron CFO | 40 0 | | | X | X | | | 64,538 | 0 | 11,673 |

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

2012

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 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input checked="" type="checkbox"/> | 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 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) |
| 9 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See section 509(a)(4). |
| 11 | <input type="checkbox"/> | 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 <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated</div> |
| e | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</div> |
| h | <input type="checkbox"/> | 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 monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 4,863,747 | 4,943,480 | 4,913,589 | 4,614,285 | 4,679,658 | 24,014,759 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | | | | 0 |
| 4 Total. Add lines 1 through 3 | 4,863,747 | 4,943,480 | 4,913,589 | 4,614,285 | 4,679,658 | 24,014,759 |
| 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 | | | | | | 24,014,759 |

| Section B. Total Support | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 Amounts from line 4 | 4,863,747 | 4,943,480 | 4,913,589 | 4,614,285 | 4,679,658 | 24,014,759 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 49,751 | 33,858 | 54,077 | 18,572 | 50,250 | 206,508 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | 58,012 | 73,418 | 64,491 | 66,572 | 262,493 |
| 11 Total support (Add lines 7 through 10) | | | | | | 24,483,760 |
| 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 2012 (line 6, column (f) divided by line 11, column (f)) | <table><tr><td>14</td><td>98.084 %</td></tr></table> | 14 | 98.084 % |
| 14 | 98.084 % | | | |
| 15 | Public support percentage for 2011 Schedule A, Part II, line 14 | <table><tr><td>15</td><td>98.051 %</td></tr></table> | 15 | 98.051 % |
| 15 | 98.051 % | | | |
| 16a | 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b | 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | |

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
| |

| Explanation |
|---|
| Other Income includes event sponsorships and ticket sales for informational events, as well as sponsorships for the purpose of hiring seasonal fundraising employees. It also includes contract fees for managing and coordinating the Eastern Washington portion of the Combined Fund Drive for the State of Washington. |
| |
| |
| |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF SPOKANE COUNTY

Employer identification number
91-0606058

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 705,958 | 738,930 | 654,486 | 623,099 | 818,207 |
| b Contributions | 1,200 | 1,819 | 958 | 4,839 | 540 |
| c Net investment earnings, gains, and losses | 80,753 | 889 | 121,398 | 65,907 | -155,352 |
| d Grants or scholarships | 26,830 | 27,346 | 29,348 | 30,833 | 31,498 |
| e Other expenditures for facilities and programs | 0 | 0 | 1,227 | 818 | 924 |
| f Administrative expenses | 7,972 | 8,334 | 7,337 | 7,708 | 7,874 |
| g End of year balance | 753,109 | 705,958 | 738,930 | 654,486 | 623,099 |

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

0 %
- b

Permanent endowment

57 %
- c

Temporarily restricted endowment

43 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

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

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

| | | |
|----|--|--|
| 3b | | |
|----|--|--|
- 4

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

Part VI Land, Buildings, and Equipment. 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 | 18,457 | 26,745 |
| d Equipment | 97,144 | 0 | 67,933 | 29,211 |
| e Other | 86,245 | 0 | 39,308 | 46,937 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 102,893 |

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,403,883 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 0 |
| b | Donated services and use of facilities | 2b | 0 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 3,403,883 |
| 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 XIII) | 4b | 1,391,966 |
| c | Add lines 4a and 4b | 4c | 1,391,966 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 4,795,849 |

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 3,347,007 |
| 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 XIII) | 2d | 631 |
| e | Add lines 2a through 2d | 2e | 631 |
| 3 | Subtract line 2e from line 1 | 3 | 3,346,376 |
| 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 XIII) | 4b | 1,392,597 |
| c | Add lines 4a and 4b | 4c | 1,392,597 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 4,738,973 |

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 distributions available on an annual basis for the purposes of financing the mission of United Way. |
| SchD_P11_S00_L04b | Schedule D, Part XI, Line 4b | United Way acts as an agent for workplace campaign gifts that are designated to other charities. These gifts of \$1,392,597 are excluded from the net revenues of the audited financial statements, but included per the requirements of Form 990 reporting. In addition, there is a loss of \$631 on the sale of securities investments. |
| SchD_P12_S00_L02d | Schedule D, Part XII, Line 2d | Losses on sale of donated securities. |
| 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. |

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

2012

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. Part II can be duplicated 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 | | | | | | | |
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2

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

70

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 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 |

Software ID: 12000197

Software Version: v1.00

EIN: 91-0606058

Name: UNITED WAY OF SPOKANE COUNTY

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| YWCA930 N MONROE ST SPOKANE,WA 99201 | 91-0565025 | 501c3 | 219,855 | | | | To further community outcomes in Education, Income, & Health |
| YMCA OF THE INLAND NORTHWEST1126 N MONROE ST SPOKANE,WA 99201 | 91-0827958 | 501c3 | 175,970 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| SPOKANE MENTAL HEALTH COORDINATING ASSN107 S DIVISION SPOKANE,WA 992021586 | 91-0853801 | 501c3 | 123,526 | | | | To further community outcomes in Education, Income, & Health |
| LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE,WA 992013816 | 93-0386860 | 501c3 | 120,668 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| FRONTIER BEHAVIORAL HEALTH7 S HOWARD Suite321 SPOKANE,WA 99204 | 91-0853801 | 501c3 | 106,871 | | | | To further community outcomes in Education, Income, & Health |
| SALVATION ARMY - CITADEL CORPSPO BOX 9108 SPOKANE,WA 992099108 | 91-0565002 | 501c3 | 106,631 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| MARTIN LUTHER KING JR FAMILY OUTREACH CENTER845 S SHERMAN AVE SPOKANE,WA 99202 | 91-0912823 | 501c3 | 91,662 | | | | To further community outcomes in Education, Income, & Health |
| AMERICAN RED CROSS - SPOKANE315 W NORA AVE SPOKANE,WA 99205 | 53-0196605 | 501c3 | 84,269 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| SPOKANE NEIGHBORHOOD ACTION PARTNERS3102 W FORT GEORGE WRIGHT DRIVE SPOKANE,WA 99224 | 91-1311127 | 501c3 | 79,986 | | | | To further community outcomes in Education, Income, & Health |
| CAMP FIRE USA INLAND NORTHWEST COUNCIL524 N MULLAN SPOKANE VALLEY,WA 99206 | 91-0567727 | 501c3 | 70,400 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| GIRL SCOUTS OF EASTERN WA & NORTHERN ID1404 N ASH SPOKANE, WA 99201 | 91-0570844 | 501c3 | 68,483 | | | | To further community outcomes in Education, Income, & Health |
| COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY905 W RIVERSIDE AVE STE 316 SPOKANE, WA 99201 | 26-1581358 | 501c3 | 55,000 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| YFA CONNECTIONSPO Box 3344 SPOKANE,WA 99220 | 23-7049675 | 501c3 | 54,180 | | | | To further community outcomes in Education, Income, & Health |
| BOYS & GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE,WA 99207 | 91-1983357 | 501c3 | 52,366 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE, WA 992012243 | 91-0567262 | 501c3 | 48,113 | | | | To further community outcomes in Education, Income, & Health |
| SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR CENTER2118 W GARLAND AVE SPOKANE, WA 99205 | 91-0863163 | 501c3 | 47,860 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE ARC - SPOKANE320 E SECOND AVE SPOKANE, WA 992021402 | 91-0716160 | 501c3 | 38,944 | | | | To further community outcomes in Education, Income, & Health |
| EXCELSIOR YOUTH CENTER3754 WINDIAN TRIAL RD SPOKANE, WA 992084736 | 91-1189908 | 501c3 | 38,334 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| CHILDREN'S HOME SOCIETY OF WA2323 N DISCOVERY PLACE SPOKANE VALLEY, WA 99216 | 91-0575955 | 501c3 | 35,908 | | | | To further community outcomes in Education, Income, & Health |
| SPOKANE REHABILITATION CENTER CENTER POINT 1408 N WASHINGTON SPOKANE, WA 992012438 | 91-0675549 | 501c3 | 35,143 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| BLUE PRINTS FOR LEARNING35 W MAIN ST Suite 280 E SPOKANE,WA 99201 | 91-2160074 | 501c3 | 35,000 | | | | To further community outcomes in Education, Income, & Health |
| NORTHEAST WASHINGTON EDUCATIONAL SERVICE DISTRICT 1014202 S REGAL ST SPOKANE,WA 99223 | 91-0948293 | 501c3 | 30,676 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| AMERICAN INDIAN COMMUNITY CENTER ASSOC905 E 3RD AVE SPOKANE,WA 99202 | 91-0822523 | 501c3 | 28,734 | | | | To further community outcomes in Education, Income, & Health |
| SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE,WA 99202 | 23-7173826 | 501c3 | 28,075 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| PROVIDENCE HEALTH & SERVICES WA dba PROVIDENCE VNA HOME HEALPO BOX 3989 SPOKANE,WA 992203989 | 51-0216586 | 501c3 | 24,249 | | | | To further community outcomes in Education, Income, & Health |
| Hearing Loss Center1206 N Howard SPOKANE,WA 992012410 | 91-1106734 | 501c3 | 12,032 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| PROVIDENCE HEALTH & SERVICES-WA dba PROVIDENCE ADULT DAY HEA6018 N ASTOR SPOKANE,WA 99207 | 51-0216586 | 501c3 | 8,484 | | | | To further community outcomes in Education, Income, & Health |
| MID-CITY CONCERNS1222 W 2ND AVE SPOKANE,WA 99201 | 91-0833015 | 501c3 | 8,168 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| LILAC SERVICES FOR THE BLIND1212 N HOWARD SPOKANE,WA 992012410 | 23-7121726 | 501c3 | 7,664 | | | | To further community outcomes in Education, Income, & Health |
| COLLEGE SUCCESS FOUNDATION1605 NW SAMMAMISH RD STE 200 ISSAQUAH,WA 980275378 | 91-2036088 | 501c3 | 7,292 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 992049743 | 91-1380583 | 501c3 | 6,926 | | | | To further community outcomes in Education, Income, & Health |
| SCHOOL'S OUT WASHINGTON801-23RD AVENUE S STE A SPOKANE, WA 98144 | 46-0809713 | 501c3 | 5,847 | | | | To further community outcomes in Education, Income, & Health |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| CANCER PATIENT CARE OF SPOKANE COUNTY 1507 E SPRAGUE AVE SPOKANE, WA 99202 | 91-0567727 | 501c3 | 5,831 | | | | To further community outcomes in Education, Income, & Health |
| DAYBREAK YOUTH SERVICES960 E 3RD AVE SPOKANE, WA 99202 | 91-1083936 | 501c3 | 5,820 | | | | To further community outcomes in Education, Income, & Health |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| CATHOLIC CHARITIESPO BOX 2253 SPOKANE,WA 992102253 | 91-0569880 | 501C3 | 47,924 | | | | Designated Gifts per donor instruction |
| SECOND HARVEST INLAND NORTHWEST1234 E FRONT ST SPOKANE,WA 99202 | 23-7173826 | 501C3 | 35,943 | | | | Designated Gifts per donor instruction |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| VANESSA BEHAN CRISIS NURSERY1004 E EIGHTH AVE SPOKANE,WA 99202 | 91-1199575 | 501C3 | 23,799 | | | | Designated Gifts per donor instruction |
| HOSPICE OF SPOKANEPO BOX 2215 SPOKANE,WA 99210 | 91-0995069 | 501C3 | 22,875 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| UNITED WAY OF COLUMBIA WILLAMETTE 619 SW 11TH AVE SUITE 300 PORTLAND,OR 97205 | 93-0582124 | 501C3 | 21,846 | | | | Designated Gifts per donor instruction |
| BOYS & GIRLS CLUB OF SPOKANE COUNTY554 E PROVIDENCE AVE SPOKANE,WA 99207 | 91-1983357 | 501C3 | 20,206 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| SALVATION ARMY - CITADEL CORPSPO BOX 9108 SPOKANE,WA 992099108 | 91-0565002 | 501C3 | 18,734 | | | | Designated Gifts per donor instruction |
| PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO1117 TIETON DRIVE YAKIMA,WA 98902 | 91-6071384 | 501C3 | 18,708 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| SPOKANE GUILDS SCHOOL AND NEUROMUSCULAR CENTER2118 W GARLAND AVE SPOKANE,WA 99205 | 91-0863163 | 501C3 | 18,357 | | | | Designated Gifts per donor instruction |
| UNITED WAY OF KING COUNTY720 SECOND AVENUE SEATTLE,WA 981041702 | 91-0565555 | 501C3 | 15,475 | | | | Designated Gifts per donor instruction |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNION GOSPEL MISSION ASSOCIATION OF SPOKANEP O BOX 4066 SPOKANE, WA 992024066 | 91-0613587 | 501C3 | 15,425 | | | | Designated Gifts per donor instruction |
| BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL411 W BOY SCOUT WAY SPOKANE, WA 992012243 | 91-0567262 | 501C3 | 13,818 | | | | Designated Gifts per donor instruction |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| UNITED WAY OF THE WINE COUNTRY418 B ST STE 400 SANTA ROSA,CA 95401 | 94-1669646 | 501C3 | 12,784 | | | | Designated Gifts per donor instruction |
| MOBIUS SPOKANE811 W MAIN AVE SPOKANE,WA 99201 | 91-1694299 | 501C3 | 10,725 | | | | Designated Gifts per donor instruction |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| HABITAT FOR HUMANITY - SPOKANEP O BOX 4130 SPOKANE, WA 992020130 | 94-3066722 | 501C3 | 10,196 | | | | Designated Gifts per donor instruction |
| MID-CITY CONCERNS1222 W 2ND AVE SPOKANE, WA 99201 | 91-0833015 | 501C3 | 10,131 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| LUTHERAN COMMUNITY SERVICES NW210 W SPRAGUE AVE SPOKANE, WA 992013816 | 93-0386860 | 501C3 | 9,967 | | | | Designated Gifts per donor instruction |
| 47066 - AMERICAN RED CROSS - SPOKANE315 W NORA AVE SPOKANE, WA 99205 | 53-0196605 | 501C3 | 9,643 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| CANCER PATIENT CARE OF SPOKANE COUNTY1507 E SPRAGUE AVE SPOKANE, WA 99202 | 91-0567727 | 501C3 | 9,639 | | | | Designated Gifts per donor instruction |
| UNITED STATES CONFERENCE OF CATHOLIC BISHOPS1224 E EUCLID SPOKANE, WA 99207 | 53-0196617 | 501C3 | 9,548 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| UNITED WAY OF SNOHOMISH COUNTY3120 McDOUGALL AVE SUITE 200 EVERETT,WA 98201 | 91-1423549 | 501C3 | 9,478 | | | | Designated Gifts per donor instruction |
| LIFE CENTER NORTH CHURCH202 E LYONS AVE SPOKANE,WA 992085388 | 91-1985890 | 501C3 | 8,588 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| YMCA OF THE INLAND NORTHWEST1126 N MONROE SPOKANE, WA 99201 | 91-0827958 | 501C3 | 8,275 | | | | Designated Gifts per donor instruction |
| YWCA930 N MONROE ST SPOKANE, WA 99201 | 91-0565025 | 501C3 | 8,186 | | | | Designated Gifts per donor instruction |

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 | 6,900 | | | | Designated Gifts per donor instruction |
| UNITED WAY OF KLAMATH BASINPO Box 1839 KLAMATH FALLS, OR 97601 | 93-0441766 | 501C3 | 5,937 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNITED WAY OF LANE COUNTY3171 Gateway Loop SPRINGFIELD,OR 97477 | 93-0394142 | 501C3 | 5,616 | | | | Designated Gifts per donor instruction |
| THE ARC - SPOKANE320 E SECOND AVE SPOKANE,WA 992021402 | 91-0716160 | 501C3 | 5,435 | | | | Designated Gifts per donor instruction |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| SPOKANE HUMANE SOCIETYPO BOX 6247 SPOKANE,WA 99217 | 91-0565011 | 501C3 | 5,378 | | | | Designated Gifts per donor instruction |
| ORANGE COUNTYS UNITED WAY18012 MITCHELL AVE S IRVINE,CA 926146008 | 33-0047994 | 501C3 | 5,365 | | | | Designated Gifts per donor instruction |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| ZAK FOUNDATIONPO BOX 19188 SPOKANE,WA 99219 | 27-1771407 | 501C3 | 5,021 | | | | Designated Gifts per donor instruction |

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
UNITED WAY OF SPOKANE COUNTY

Employer identification number
91-0606058

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 3 | 35,164 | market value on date of receipt |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (_____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |

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

290

0

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

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

2012**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 may elect new members as well as elect officers |
| F990_P06_S0B_L11b | Form 990, Part VI, Section B, Line 11b | The administration committee of the board of directors is provided a copy of the Form 990 in advance of the submission to the IRS, with the opportunity to review, ask questions, and, if necessary, request modifications |
| 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 discussions and decisions of the board are known to potentially present a conflict of interest involving one or more of the governing board members based on 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 January of 2013. 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 available 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. |

TY 2012 Reasonable Cause Explanation

Name: UNITED WAY OF SPOKANE COUNTY

EIN: 91-0606058

Software ID: 12000197

Software Version: v1.00

Explanation: We did not complete the Form 990 within 4 and 1/2 months of the end of the fiscal year because our independent auditors were still completing their audit. We do not prepare the Form 990 until after the independent audit is completed, because the two documents must reconcile