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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public

By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF SPOKANE COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

920 N Washington StreetSuite 100

City or town, state or province, country, and ZIP or foreign postal code

Spokane, WA 99201

F Name and address of principal officer

Tim Henkel

920 N Washington Street

Suite 100

Spokane, WA 99201

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ()☐ (insert no)☐ 4947(a)(1) or ☐ 527

J Website:

www.unitedwayspokane.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1953

M State of legal domicile

WA

Part I	Summary																																
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>Spokane County United Way mobilizes our community to create measurable results that improve people's lives</div><div></div><div></div><div></div></div>																																
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>31</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>31</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>37</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>3,212</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	31	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	37	6	Total number of volunteers (estimate if necessary)	6	3,212	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Revenue	<table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>4,612,164</td><td>4,770,936</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>0</td><td>0</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>32,034</td><td>45,696</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>151,651</td><td>62,850</td></tr><tr><td></td><td></td><td>4,795,849</td><td>4,879,482</td></tr></table>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9	Program service revenue (Part VIII, line 2g)	4,612,164	4,770,936	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,034	45,696	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,651	62,850			4,795,849	4,879,482								
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>3,300,432</td><td>3,492,576</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>958,138</td><td>1,037,014</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 481,800</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>480,403</td><td>525,472</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>4,738,973</td><td>5,055,062</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>56,876</td><td>-175,580</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,300,432	3,492,576	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	958,138	1,037,014	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) 481,800			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	480,403	525,472	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,738,973	5,055,062	19	Revenue less expenses Subtract line 18 from line 12	56,876	-175,580
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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

Date

Dale Damron CFO

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y







Form 990 (2013)

Part III Statement of Program Service Accomplishments

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

1	Briefly describe the organization's mission				
<p>To mobilize our community to create measurable results that improve people's lives By 2020, Spokane County will be known as a community that is increasing health, prosperity and education attainment and is breaking the cycle of intergenerational poverty This will be measured by 1) a 50% reduction in educational achievement gaps, 2) a decreasing poverty trend line for the county, and 3) a reduction in levels of abuse, neglect and unhealthy behaviors for the county that are at levels lower than the state We create a better future for all in Spokane County by mobilizing the community to address inequities in education, income and health experienced by low-income and diverse populations</p>					
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 \$ 1,294,332	including grants of \$ 1,294,332)	(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 \$ 781,135	including grants of \$ 678,209)	(Revenue \$ 0)	
Children Succeed In School United Way is a leader in two several community partnerships to improve youth success The School Community Partnership Committee, co-led by United Way and Spokane Public Schools, collaborates with community organizations and school district staff to improve education outcomes for at-risk youth During the '13-'14 school year, 1,240 youth identified by the Spokane Public School District Early Warning System received targeted interventions (mentoring, tutoring, case management) to improve attendance, behavior and academic achievement 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 In addition, United Way funded community investments enabling 5,565 youth, ages 6 - 18, mostly low-income, to participate in seven out-of-school programs focused on skill building, academic enrichment, team building and volunteer engagement Partners included Inland Northwest Council of Boy Scouts of America, Boys and Girls Club, Camp Fire, Communities In Schools, and Girl Scouts United Way funded in part an education program at a residential school run by Excelsior Youth Center, enabling 120 youth to receive education services, of which 75% of them earned significant credits toward high school graduation United Way provided funding to the Salish School of Spokane, providing for a Salish language immersion program for fourteen Native American youth with a focus on language arts 100% of the participating children increased their reading scores by 1.5 levels on the Fountas and Pinnell scale					
4c	(Code)	(Expenses \$ 670,153	including grants of \$ 654,440)	(Revenue \$ 0)	
Health and Inclusion United Way formed partnerships focusing on the following desired results that children and youth are nurtured and safe, that people make healthy choices, that vulnerable populations can access health care, and that vulnerable populations are included, and can maintain wellness and independence To those ends, funded programs provided the following services 89 caregivers participated in individual counseling and/or group education to improve parenting skills 35 youth received individual and school-based counseling to deal with death in the family, 500 teachers, counselors and administrators received safe schools training to ensure that all students, including GLBTQ students, feel welcomed and safe 631 youth placed in foster care received supports and counseling 355 youth received individual and group counseling due to domestic violence in their family 1,185 children and their families received services for victims of sexual assault and/or violent crime United Way financed in part crisis response services, including a 24/7 hotline for domestic violence that handled 3,699 calls 2,291 individuals dealing with domestic violence received a range of services including safety planning, temporary shelter, counseling, legal assistance, and housing and financial advocacy services 583 homeless youth received services included counseling and crisis intervention, resource information, and referrals for mental health, drug treatment, health care, legal assistance, and financial support 123 clients living with AIDS received quarterly health check-ups and action plans to improve their health and prevent viral transmission to others 463 seniors participated in volunteer programs 236 youth received chemical dependency counseling, 507 adults received outpatient chemical dependency counseling Organizations and programs funded include the SafeT Response Center at Lutheran Community Services, Spokane Aids Network, YFCA Connections, Volunteers of America, TeamChild Spokane, the Martin Luther King Jr. Center, the Safe Schools Spokane Program at the Odyssey Youth Center, YMCA of the Inland Northwest, the Alternatives to Violence Program at YWCA of Spokane, Daybreak Youth Services, Excelsior Youth Center, Frontier Behavioral Health, Nexus Inland NW, the Adult Day Health Center and Home Health Care Programs of Providence Services, American Red Cross - Inland Northwest Chapter, the ARC of Spokane, and Lilac Services for the Blind					
	(Code)	(Expenses \$ 268,427	including grants of \$ 261,282)	(Revenue \$ 0)	
BASIC NEEDS United Way provided funding in part to the following programs and agencies focused on meeting basic needs American Indian Community Center provided crisis intervention and case management for elders and their families, including food bank services to 4,691 individuals, and advocacy, transportation, and education services American Red Cross responded to 77 disaster incidents, and provided 405 individuals with emergency services including temporary shelter, food, and/or clothing as needed The ARC of Spokane provided advocacy services for 36 adults with developmental disabilities, improving circumstances such as housing, financial stability, legal rights, and abuse, exploitation and neglect The Family Emergency Services program at the Martin Luther King Jr. Center served 1,648 families with information and referral services, 109 families received emergency financial for basic needs, and 42 families participated in life skills mentoring Mid City Concerns provided 770 seniors with hot meals through their Meals on Wheels program Salvation Army' Housing Stability and Empowerment program provided 40,763 individuals with food, 300 families were assisted with shelter, transitional housing, and rehousing services, and 635 individuals participated in Life Skills Classes Second Harvest provided 8.97 million pounds of food to a network of 127 food banks, meal centers, and other hunger relief programs in Spokane County					
	(Code)	(Expenses \$ 229,867	including grants of \$ 121,026)	(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 under Education, Income and Health United Way stays informed of current community aspirations and concerns through community conversations 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 First Call for Help handled 93,900 calls, and 2-1-1 handled 22,208 calls and over 30,000 referrals These resources serve as crisis support, information, assistance, and referral services Spokane County United Way has been a long-time member of the United Ways of Washington, working to collaborate effectively on state-wide issues					
	(Code)	(Expenses \$ 218,233	including grants of \$ 135,731)	(Revenue \$ 0)	
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 During the year, 70 people received one-on-one financial coaching, 892 individuals received basic money management and credit classes, an estimated 247 individuals took advantage of targeted second-chance banking programs, and 4,896 individuals received free tax preparation services United Way was a funding partner for the Women's Opportunity Center at the YWCA, providing job readiness training, professional clothing, childcare services, networking, referrals, and emotional supports to 2,032 economically disadvantaged women seeking employment The Next Generation Zone provided financial education and coaching to 70 youth who recently began their first job The Financial Access program at SNAP provided financial education, coaching, credit counseling, small business counseling, and access to credit to several hundred participants, resulting in 22 improved credit scores, 83 unbanked clients opening bank accounts, 81 businesses started, expended, or enhanced, and 72 jobs created, retained or increase in income The Housing Counseling program at SNAP provided classes for potential homeowners and counseling for households facing mortgage foreclosure/default, resulting in 267 clients saving their home from foreclosure and 14 clients purchasing their first home					
	(Code)	(Expenses \$ 185,676	including grants of \$ 172,610)	(Revenue \$ 0)	
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 prepares all children for success 5,000 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 training for child care staff to help their programs excel in Washington State's new quality rating system 309 child care staff, and 104 child care directors and leaders received training At Spokane Guilds' School, 141 children with disabilities under the age of three were seen monthly and received early intervention services Of the 85 children transitioning out of services, 100% showed improved development skills and 19% will require no further specialized education services United Way provided funding for quality child care at Spokane's Central YMCA, and the Martin Luther King Jr. Center for 205 children ages four weeks through five years, focusing on developmentally appropriate curriculum for infants, toddlers, pre-schoolers and pre-kindergarteners 94% of 5-year olds were assessed as ready for kindergarten					
	(Code)	(Expenses \$ 163,247	including grants of \$ 10,208)	(Revenue \$ 0)	
EXCELERATE SUCCESS, spearheaded by United Way, is a community partnership focused on preparing all of our region's children for success in school and in life The mission is for every child in Spokane County to be cared for, confident, and competent - from cradle to career In the '13-'14 year, Excelerate Success created its baseline report, found at exceleratesuccess.org, defining a data-driven framework of goals, and core and contributing indicators, across an education continuum that includes kindergarten readiness, success in primary, middle school, high school, through career readiness This partnership has been funded by Wells Fargo, the Gates Foundation, Target Foundation, and Lumina Foundation and is part of a nationwide Strive Partnership with similar collective impact networks in dozens of communities across the country To date, Excelerate Success has established several collaborative action networks, or project teams consisting of cross-sector practitioners, working on Kindergarten Readiness, 3rd Grade Reading, Post Secondary Enrollment, and Post-Secondary Completion					
	(Code)	(Expenses \$ 158,055	including grants of \$ 157,955)	(Revenue \$ 0)	
CHILDREN NURTURED AND 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 teaches parenting skills to at-risk parents of 53 children ages birth to age 2 The Child Welfare Program at Lutheran Community Services provides mental health care and therapeutic foster care to children who have experienced abuse and neglect 23 people received foster care and 190 people received mental health treatment At the Martin Luther King Jr. Family Relationship Training Program, parenting education was provided for 58 parents and other caregivers of children of all ages using the Circle of Security model At Sally's House, a receiving care facility run by the Salvation Army for children removed from their families due to suspected child abuse and neglect, 187 children received emergency foster care and 421 children (261) families received counseling services and supervised visitation with parents The Child Advocacy Program run by the YWCA, provided counseling, safety training, and peer support groups for over 400 youth and parents who have been exposed to domestic violence in their home					
	(Code)	(Expenses \$ 116,035	including grants of \$ 6,783)	(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 operates a robust online website, volunteerspokane.org, of current volunteer opportunities and volunteers In the service year, United Way handled 912 referrals for volunteers, resulting in 369 matches and approximately 4,194 volunteer hours United Way also worked with a total of 3,243 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 In April of 2014, United Way collaborated with the City of Spokane in its inaugural Spokane Gives Week, a time to celebrate and encourage volunteerism and other acts of service United Way provided the online website, VolunteerSpokane.org to assist in matching community needs and volunteers Spokane Gives Week saw 6,826 volunteering at 105 volunteer projects offered by 82 community-based organizations (many of which used the VolunteerSpokane.org site) United Way collaborated with Freeman High School to pilot a Varsity Letter in Community Service Program Each student who fulfilled 145 hours of community service earned a letterman's patch and a Volunteer Service Award from President Obama					
	(Code)	(Expenses \$ 36,421	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 in human and health care organizations, and solicit support of the United Way fundraising campaign					
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 1,375,961	including grants of \$ 865,595)	(Revenue \$ 0)		
4e	Total program service expenses ▶ 4,121,581				

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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.	2a	37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
7b	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		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	No
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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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▶WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input 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 920 N Washington Street Suite 100 Spokane, WA 99201 Suite 100 (509) 838-6581

Check if Schedule O contains a response or note to any line 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** 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

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	185,100	0	52,628

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization in 2011

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

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	31,673				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,739,263				
	g	Noncash contributions included in lines 1a-1f \$		25,549				
	h	Total. Add lines 1a-1f		4,770,936				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		45,939	45,939	0	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	25,549	0			
		c	Gain or (loss)	25,792	0			
		d	Net gain or (loss)	-243	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	923130	62,850	62,850	0	0	
b								
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		62,850					
12	Total revenue. See Instructions		4,879,482	108,546	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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,492,576	3,492,576		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	238,520	94,300	101,853	42,367
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	609,784	253,564	114,425	241,795
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,477	17,500	9,460	12,517
9	Other employee benefits	98,458	44,759	16,126	37,573
10	Payroll taxes	50,775	22,918	9,418	18,439
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	16,815		14,050	2,765
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)	74,482	29,609	44,501	372
12	Advertising and promotion	47,630	14,322	10,452	22,856
13	Office expenses	73,017	3,934	51,410	17,673
14	Information technology	33,613	2,000	31,613	0
15	Royalties				
16	Occupancy	130,980		130,980	
17	Travel	31,681	18,978	8,986	3,717
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	33,265	12,071	5,446	15,748
20	Interest				
21	Payments to affiliates	57,500		57,500	
22	Depreciation, depletion, and amortization	20,897	2,689	16,343	1,865
23	Insurance	4,013		4,013	
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	111,451	-175,554	64,103
b	Other Costs	1,579	910	659	10
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,055,062	4,121,581	451,681	481,800
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			368,068	1	322,011
	2	Savings and temporary cash investments			918,396	2	720,173
	3	Pledges and grants receivable, net			1,652,026	3	1,666,740
	4	Accounts receivable, net			17,855	4	15,227
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	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			0	6	
	7	Notes and loans receivable, net			0	7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			41,568	9	35,030
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	233,877			
	b	Less accumulated depreciation	10b	146,597	102,893	10c	87,280
	11	Investments—publicly traded securities			309,322	11	343,391
	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)			3,410,128	16	3,189,852
Liabilities	17	Accounts payable and accrued expenses			88,391	17	88,144
	18	Grants payable			709,527	18	665,078
	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			797,918	26	753,222
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			988,755	27	838,751
	28	Temporarily restricted net assets			1,446,285	28	1,419,169
	29	Permanently restricted net assets			177,170	29	178,710
	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			2,612,210	33	2,436,630
	34	Total liabilities and net assets/fund balances			3,410,128	34	3,189,852

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,879,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,055,062
3	Revenue less expenses Subtract line 2 from line 1	3	-175,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,612,210
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	2,436,630

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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 type="checkbox"/> Separate basis <input checked="" 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	

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			
Donna Jacobs Stambaugh Chair, Community Impact Committee	1 0	X		X				0	0	0
Beth Thew Director	1 0	X						0	0	0
John Traynor PhD Director	1 0	X						0	0	0
Dennis Vermillion Director	1 0	X						0	0	0
Dorothy Webster Director	1 0	X						0	0	0
Camerina Zorrozuza Director	1 0	X						0	0	0
Franklin Dale Damron CFO	40 0			X				64,403	0	27,230
Tim Henkel President and CEO	40 0			X				120,697	0	25,398

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization UNITED WAY OF SPOKANE COUNTY	Employer identification number 91-0606058
---	---

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,943,480	4,913,589	4,614,285	4,679,658	4,770,936	23,921,948
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,943,480	4,913,589	4,614,285	4,679,658	4,770,936	23,921,948
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						23,921,948

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	4,943,480	4,913,589	4,614,285	4,679,658	4,770,936	23,921,943
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,858	54,077	18,572	50,250	45,939	202,696
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	58,012	73,418	64,491	66,572	62,850	325,343
11	Total support (Add lines 7 through 10)						24,449,982
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14 97 840 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15 98 08 %
16a	33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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	
Return Reference	Explanation
Schedule A, Part II, Line 10	Other income are the service fees retained for gifts designated to third parties. Serving as an agent, these fees cover the fundraising and administrative costs associated with making this service possible.

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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNITED WAY OF SPOKANE COUNTY	Employer identification number 91-0606058
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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	753,109	705,958	738,930	654,486	623,099
b Contributions	1,540	1,200	1,819	958	4,839
c Net investment earnings, gains, and losses	113,199	80,753	889	121,398	65,907
d Grants or scholarships	28,026	26,830	27,346	29,348	30,833
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	8,013	7,972	8,334	8,564	8,526
g End of year balance	831,809	753,109	705,958	738,930	654,486

- 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

52 %

c

Temporarily restricted endowment

48 %
- 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | 22,978 | 22,224 |
| d Equipment | 102,430 | 0 | 76,479 | 25,951 |
| e Other | 86,245 | 0 | 47,140 | 39,105 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 87,280 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,585,393
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	243
e	Add lines 2a through 2d	2e	243
3	Subtract line 2e from line 1	3	3,585,150
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	1,294,332
c	Add lines 4a and 4b	4c	1,294,332
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,879,482

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,760,973
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	243
e	Add lines 2a through 2d	2e	243
3	Subtract line 2e from line 1	3	3,760,730
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	1,294,332
c	Add lines 4a and 4b	4c	1,294,332
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,055,062

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4	The Endowment Fund of United Way of Spokane County is administered by the Inland Northwest Community Foundation. 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.
Schedule D, Part XI, Line 2d	Loss on sale of stock gifts is an expense line on the audited financial statements, but a revenue line on the form 990.
Schedule D, Part XI, Line 4b	The organization served as an agent to raise funds designated for third party organization. The amount of the gifts passed through is reported in the gross program expenses of the audited financial statements, but then deducted and not reported in the net amount. The gifts total \$1,294,332 and are included in the gross program expenses of the Form 990.
Schedule D, Part XII, Line 2d	Loss on sale of stock gifts is an expense line on the audited financial statements, but a revenue line on the form 990.
Schedule D, Part XII, Line 4b	The organization served as an agent to raise funds designated for third party organization. The amount of the gifts passed through is reported in the gross program expenses of the audited financial statements, but then deducted and not reported in the net amount. The gifts total \$1,294,332 and are included in the gross program expenses of the Form 990.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
UNITED WAY OF SPOKANE COUNTY

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							

2

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

71

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

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 1	Where United Way acts as an agent for gifts designated by the donor, United Way verifies the current tax exempt status of the organization as well receiving written confirmation by the designated organization of their compliance with anti-terrorist legislation Where United Way grants to organizations in order to further our mission, criteria and eligibility are documented and grants are approved by the Board of Directors of United Way
Schedule I, Part I, Line 2	The organization provides grants to organizations in one of two ways First, United Way administers grants through soliciting formal applications from local agencies that administer programs that align with United Way's targeted outcomes in the areas of education, income, and health Staff and volunteers review the applications and making 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 verifies the tax-exempt status of the designated organization and transfers the funds, less a fee to cover fundraising and administrative costs

Additional Data

Software ID: 13000241
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
FRONTIER BEHAVIORAL HEALTH 7 S HOWARD STE 321 SPOKANE,WA 99204	91-0853801	501c3	225,397				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
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501c3	222,439				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
YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501c3	167,854				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
LUTHERAN COMMUNITY SERVICES NW 210 W SPRAGUE AVE SPOKANE, WA 99201	93-0386860	501c3	127,668				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
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER 845 S SHERMAN AVE SPOKANE,WA 99202	91-0912823	501c3	113,974				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
SALVATION ARMY - SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501c3	110,631				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
YFA CONNECTIONS PO Box 3344 SPOKANE,WA 99220	23-7049675	501c3	104,680				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
PROJECT HOPE SPOKANE 1428 W BROADWAY AVE SPOKANE, WA 99201	26-1417578	501c3	87,960				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
47066 - AMERICAN RED CROSS - INLAND NW CHAPTER 315 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 PARTNERS 3102 W FORT GEORGE WRIGHT DRIVE SPOKANE,WA 99224	91-1311127	501c3	79,152				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 AND NORTHERN IDAHO 1404 N ASH SPOKANE,WA 99201	91-0570844	501c3	66,483				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
CAMP FIRE USA INLAND NORTHWEST COUNCIL 524 N MULLAN SPOKANE Valley, WA 99206	91-0567727	501c3	62,600				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
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY 905 W RIVERSIDE AVE STE 316 SPOKANE,WA 99201	26-1581358	501c3	60,495				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
ODYSSEY YOUTH CENTER 1121 S PERRY SPOKANE, WA 99202	91-2045932	501c3	60,000				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
BOY SCOUTS 611 INLAND NORTHWEST COUNCIL 411 W BOY SCOUT WAY SPOKANE, WA 99201	91-0567262	501c3	52,613				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
SPO GUILDS SCHOOL AND NEUROMUSCULAR CENTER 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501c3	51,860				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
BOYS AND GIRLS CLUB OF SPOKANE COUNTY 554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501c3	47,366				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
NORTHEAST WASHINGTON EDUCATIONAL SERVICE DISTRICT 101 4202 S REGAL ST SPOKANE,WA 99223	91-0948293	501c3	45,245				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 LEARNING 35 W MAIN ST SUITE 280E SPOKANE,WA 99201	91-2160074	501c3	40,000				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
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501c3	40,000				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
THE ARC - SPOKANE 320 E SECOND AVE SPOKANE,WA 99202	91-0716160	501c3	38,944				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
EXCELSIOR YOUTH CENTER 3754 WINDIAN TRIAL RD SPOKANE, WA 99208	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
CHILDRENS HOME SOCIETY OF WA 3300 NE 65TH ST Seattle,WA 98115	91-0575955	501c3	32,980				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 ASSOC 801 E 2ND AVE SUITE 10 SPOKANE,WA 99202	91-0822523	501c3	28,734				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
SECOND HARVEST INLAND NORTHWEST 1234 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
SPOKANE REHABILITATION CENTER 1408 N WASHINGTON SPOKANE,WA 992012438	91-0675549	501c3	26,357				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 AND SERVICES WA dba PROVIDENCE VNA HOME HEALTH PO BOX 3989 SPOKANE,WA 992203989	51-0216586	501c3	24,249				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 PUBLIC SCHOOLS 200 N BERNARD St SPOKANE, WA 99201	91-6001582	501c3	16,250				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
SCHOOLS OUT WASHINGTON 801 23RD AVENUE S STE A Seattle,WA 98144	46-0809713	501c3	12,412				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
HEARING LOSS CENTER 1206 N HOWARD SPOKANE, WA 992012410	91-1106734	501c3	10,227				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
CCASL GONZAGA UNIVERSITY 502 E BOONE SPOKANE, WA 99258	91-0236600	501c3	10,000				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
SPOKANE REGIONAL HEALTH DISTRICT 1101 W COLLEGE AVE SPOKANE, WA 99201	91-1527532	501c3	8,750				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 AND SERVICES WA dba PROVIDENCE ADULT DAY HEA 6018 N ASTOR SPOKANE, WA 99207	51-0216586	501c3	8,484				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
MID-CITY CONCERNS 1222 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 BLIND 1212 N HOWARD SPOKANE, WA 992012410	23-7121726	501c3	7,664				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
DAYBREAK YOUTH SERVICES 960 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
SPOKANE AIDS NETWORK 905 S MONROE SPOKANE, WA 992049743	91-1380583	501c3	5,641				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 CHARITIES PO BOX 2253 SPOKANE, WA 992102253	91-0569880	501c3	45,843				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 STE 300 Portland,OR 97205	93-0582124	501c3	30,186				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
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501c3	28,702				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 KING COUNTY 720 SECOND AVENUE Seattle, WA 981041702	91-0565555	501c3	28,270				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 NURSERY 1004 E EIGHTH AVE SPOKANE, WA 99202	91-1199575	501c3	21,701				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
HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210	91-0995069	501c3	19,244				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 SPOKANE P O BOX 4066 SPOKANE,WA 99202	91-0613587	501c3	17,660				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
PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO 1117 TIETON DRIVE Yakima,WA 98902	91-6071384	501c3	15,558				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
SPO GUILDS SCHOOL AND NEUROMUSCULAR CENTER 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501c3	19,208				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 SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501c3	13,598				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 SPOKANE P O BOX 4130 SPOKANE, WA 99202	94-3066722	501c3	12,085				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 NW 210 W SPRAGUE AVE SPOKANE, WA 99201	93-0386860	501c3	11,920				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
MOBIUS SPOKANE 811 W MAIN AVE SPOKANE,WA 99201	91-1694299	501c3	11,900				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
YWCA OF SPOKANE 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501c3	11,711				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 VALLEY PARTNERS P O BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501c3	11,342				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
MID CITY CONCERNS 1222 W 2ND AVE SPOKANE, WA 99201	91-0833015	501c3	10,628				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 COUNTY 3120 McDOUGALL AVE Suite 200 Everett, WA 98201	91-1423549	501c3	10,543				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 SERVICES 960 E 3RD AVE SPOKANE, WA 99202	91-1083936	501c3	10,411				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 COUNTRY 418 B ST STE 400 Santa Rosa, CA 95401	94-1669646	501c3	10,356				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 BAY AREA 550 KEARNY ST STE 1000 San Francisco, CA 94108	94-1312348	501c3	9,970				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
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVE S Irvine, CA 92614	33-0047994	501c3	8,289				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
BOY SCOUTS 611 INLAND NORTHWEST COUNCIL 411 W BOY SCOUT WAY SPOKANE, WA 99201	91-0567262	501c3	8,275				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
Gonzaga Preparatory School 1224 E EUCLID SPOKANE, WA 99207	53-0196617	501c3	8,175				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
REACH FOR THE FUTURE PO BOX 30851 SPOKANE, WA 99223	20-2976912	501c3	7,318				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
BOYS AND GIRLS CLUB OF SPOKANE COUNTY 554 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501c3	7,198				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 KLAMATH BASIN PO Box 1839 Klamath Falls, OR 97601	93-0441766	501c3	5,990				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
AMERICAN CANCER SOCIETY 920 N WASHINGTON ST STE 200 SPOKANE,WA 99201	13-1788491	501c3	5,928				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
THE ARC OF SPOKANE 320 E SECOND AVE SPOKANE, WA 99202	91-0716160	501c3	5,406				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
SCRAPS HOPE FOUNDATION 2521 N FLORA RD SPOKANE Valley, WA 99216	26-4118735	501c3	5,356				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 SYMPHONY SOCIETY PO Box 365 SPOKANE, WA 99210	91-0730435	501c3	5,304				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
SOLID ROCK FELLOWSHIP INC 10500 SW NIMBUS AVE BLDG T Portland, OR 97223	20-0368851	501c3	5,030				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 NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501c3	5,029				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
ST JOSEPHS PARISH 4521 ARDEN RD Otis Orchards, WA 99027	91-1429013	501c3	5,014				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
WEST VALLEY SCHOOL DISTRICT 363 2805 N ARGONNE ROAD SPOKANE VALLEY, WA 99212	91-6033556		20,000				To further mission objectives in Education, Income, and Health

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF SPOKANE COUNTY

Employer identification number
91-0606058

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions 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	2	25,549	market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29

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

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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 III

Supplemental Information. 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.

Return Reference	Explanation
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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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**Name of the organization
UNITED WAY OF SPOKANE COUNTY**Employer identification number**

91-0606058

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	Governing board members may elect new members as well as officers
Form 990, Part VI, Section A, Line 8b	Not all of the committees of the governing board kept written minutes of each meeting
Form 990, Part VI, Section B, Line 11b	The Administration and Executive Committees of the Board of Directors are provided a copy of the Form 990 in advance of submission to the IRS, with the opportunity to review, ask questions, and if necessary, request modifications
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.
Form 990, Part VI, Section B, Line 15	Evaluation of salary of the CEO is done by the Executive Committee of the Board of Directors and was last completed in spring of 2014. 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.
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 2013 Reasonable Cause Explanation

Name: UNITED WAY OF SPOKANE COUNTY

EIN: 91-0606058

Software ID: 13000241

Software Version: v1.00

Explanation: The time required to complete an independent audit precluded our ability to use that information for the Form 990 and then meet the first deadline of November 15.