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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF SPOKANE COUNTY

Doing business as

SPOKANE COUNTY UNITED WAY

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

920 N WASHINGTON STE 100

Room/suite

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 STE 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

1 Briefly describe the organization's mission or most significant activities

CREATING MEASURABLE RESULTS THAT IMPROVE PEOPLE'S LIVES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

27

4 Number of independent voting members of the governing body (Part VI, line 1b)

27

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

32

6 Total number of volunteers (estimate if necessary)

673

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

0

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

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

4,784,235

3,692,444

9 Program service revenue (Part VIII, line 2g)

23,015

74,826

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

53,889

40,552

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

55,794

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

4,916,933

3,807,822

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

2,399,512

2,122,996

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)

1,135,847

1,055,117

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶364,562

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

583,078

567,360

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

4,118,437

3,745,473

19 Revenue less expenses Subtract line 18 from line 12

798,496

62,349

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

3,290,829

3,170,421

21 Total liabilities (Part X, line 26)

490,154

301,724

22 Net assets or fund balances Subtract line 21 from line 20

2,800,675

2,868,697

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

2019-01-22

Date

TIM HENKEL PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SCOTT M LAPLANT

Preparer's signature

SCOTT M LAPLANT

Date

2019-01-22

Check ☐ if self-employed

PTIN

P00975891

Firm's name ▶ EIDE BAILLY LLP

Firm's EIN ▶ 45-0250958

Firm's address ▶ 999 W RIVERSIDE AVE STE 101

Phone no (509) 747-6154

SPOKANE, WA 992011005

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 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SPOKANE COUNTY UNITED WAY MOBILIZES OUR COMMUNITY TO CREATE MEASURABLE RESULTS THAT IMPROVE PEOPLE'S LIVES. OUR VISION IS THAT SPOKANE COUNTY WILL BE KNOWN AS A COMMUNITY THAT IS INCREASING HEALTH, PROSPERITY AND EDUCATIONAL ATTAINMENT AND IS BREAKING THE CYCLE OF INTERGENERATIONAL POVERTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ **Yes** ☐ **No**

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 790,029	including grants of \$ 790,029	(Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$ 434,700	including grants of \$ 423,400	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 514,462	including grants of \$ 507,400	(Revenue \$)
See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 1,170,827	including grants of \$ 402,167	(Revenue \$)	

4e	Total program service expenses ▶	2,910,018
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	10	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
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	1a 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 27		
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	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b		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
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶THE ORGANIZATION 920 N WASHINGTON STE 100 SPOKANE, WA 99201 (509) 838-6581	

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

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

Form **990** (2017)

[illegible]

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

Section B. Independent Contractors

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

Form 990 (2017)

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	
e Government grants (contributions)	1e	22,199
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,670,245
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f		3,692,444

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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Program Service Revenue

2a PROCESSING FEES ON DES	Business Code				
b AMERICORPS VISTA	541611	48,901	48,901		
c SCHOOL'S OUT WASHINGTO	541611	21,925	21,925		
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		74,826			

Business Code				
541611	48,901	48,901		
541611	21,925	21,925		
541611	4,000	4,000		

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		28,354			28,354
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
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	12,198				
c Gain or (loss)	0				
d Net gain or (loss)	12,198				12,198
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		3,807,822	74,826	0	40,552

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 domestic organizations and domestic governments. See Part IV, line 21.	2,122,996	2,122,996		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	214,478	118,949	55,444	40,085
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	630,683	349,776	163,037	117,870
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	43,049	20,861	9,733	12,455
9 Other employee benefits.	101,533	47,714	24,443	29,376
10 Payroll taxes.	65,374	31,678	14,781	18,915
11 Fees for services (non-employees):				
a Management.	55,013	27,967	25,062	1,984
b Legal.				
c Accounting.	14,560		12,750	1,810
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).				
12 Advertising and promotion.	61,475	9,518	29,064	22,893
13 Office expenses.	67,329	32,295	9,250	25,784
14 Information technology.	46,270	22,450	10,414	13,406
15 Royalties.				
16 Occupancy.	108,873	52,758	24,615	31,500
17 Travel.	24,835	8,594	11,488	4,753
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	57,309	13,888	7,243	36,178
20 Interest.				
21 Payments to affiliates.	52,413		52,413	
22 Depreciation, depletion, and amortization.	18,460	2,691	13,310	2,459
23 Insurance.	5,369		5,369	
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				
b				
c				
d				
e All other expenses.	55,454	47,883	2,477	5,094
25 Total functional expenses. Add lines 1 through 24e.	3,745,473	2,910,018	470,893	364,562
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		485,774	1	390,632
	2	Savings and temporary cash investments		973,317	2	1,215,155
	3	Pledges and grants receivable, net		1,359,169	3	1,118,422
	4	Accounts receivable, net		17,916	4	11,754
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		78,884	9	68,339
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	221,541		
	b	Less: accumulated depreciation	10b	194,430		
				45,571	10c	27,111
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		330,198	15	339,008	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,290,829	16	3,170,421	
Liabilities	17	Accounts payable and accrued expenses		95,302	17	99,594
	18	Grants payable		385,961	18	202,130
	19	Deferred revenue		8,891	19	0
	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		490,154	26	301,724
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		1,078,771	27	1,358,715
	28	Temporarily restricted net assets		1,721,904	28	1,509,982
	29	Permanently restricted net assets			29	
	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		2,800,675	33	2,868,697	
34	Total liabilities and net assets/fund balances		3,290,829	34	3,170,421	

Part XI Reconciliation of Net AssetsCheck 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	3,807,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,745,473
3	Revenue less expenses Subtract line 2 from line 1	3	62,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,800,675
5	Net unrealized gains (losses) on investments	5	5,673
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	2,868,697

Part XII Financial Statements and ReportingCheck 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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	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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 91-0606058
Name: UNITED WAY OF SPOKANE COUNTY

Form 990 (2017)

Form 990, Part III, Line 4a:

DONOR DESIGNATED GIFTS SPOKANE COUNTY UNITED WAY RUNS A MAJOR FUNDRAISING PROGRAM, THE UNITED WAY CAMPAIGN MANY OF THE DONATIONS TO THE CAMPAIGN 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

Form 990, Part III, Line 4b:

EDUCATION FUNDING IS PROVIDED PRIMARILY TO LOCAL IMPACT PARTNERS AS PART OF THE ORGANIZATION'S GOAL OF CUTTING EDUCATIONAL ACHIEVEMENT GAPS IN HALF, FOCUSING RESOURCES ON CHILDREN AND YOUTH WHO ARE LOW-INCOME, RACIAL/ETHNIC MINORITIES, AND/OR HAVE SPECIAL NEEDS TO THAT END, SPOKANE COUNTY UNITED WAY PROVIDED GRANTS TO ORGANIZATIONS THAT SUPPORT KINDERGARTEN READINESS AND SUCCESS IN SCHOOL (K-12) 185 CHILDREN AGES BIRTH TO 3 BENEFITED FROM EARLY INTERVENTION SERVICES TO RESPOND TO DEVELOPMENTAL DELAYS OR FAMILY CHALLENGES, 95% OF PARENTS SURVEYED REPORTED THAT THESE PROGRAMS HELPED THEM DEVELOP SKILLS TO BETTER SUPPORT THEIR CHILDREN 131 PRIMARILY LOW-INCOME CHILDREN WERE ABLE TO ACCESS HIGH QUALITY EARLY LEARNING PROGRAMS TO HELP PREPARE THEM FOR KINDERGARTEN EIGHT PROGRAMS RECEIVED GRANTS TO ENABLE THEM TO PROVIDE OUT-OF-SCHOOL-TIME SUPPORTS TO OVER 1,000 ELEMENTARY AND MIDDLE SCHOOL YOUTH IN SPOKANE THESE INVESTMENTS ENABLED 84 LOW-INCOME YOUTH TO PARTICIPATE IN SCOUTING PROGRAMS, 92 TO HAVE OUTDOOR ENRICHMENT EXPERIENCES AT SUMMER DAY CAMP, 393 TO HAVE AN ADULT MENTOR, 404 TO RECEIVE CASE MANAGEMENT AND OTHER SUPPORTS TO HELP THEM STAY ON TRACK IN MIDDLE SCHOOL, AND 64 TO BENEFIT FROM ENRICHMENT ACTIVITIES IN AN AFTER-SCHOOL PROGRAM, DEPENDING ON THE PROGRAM AND INTERVENTION, BETWEEN 69% AND 90% OF YOUTH WHO PARTICIPATED ACTIVELY IN THESE SERVICES IMPROVED THEIR ACADEMIC PERFORMANCE 254 STAFF FROM TWO LOCAL SCHOOL DISTRICTS RECEIVED TRAINING ON HOW TO CREATE SAFE, SUPPORTIVE SCHOOL ENVIRONMENTS FOR LGBTQ YOUTH, WHICH RESULTED IN AN IMPROVEMENT IN SCHOOL DISTRICT POLICIES AND PRACTICES, 92% OF ATTENDEES REPORTED THAT THE TRAINING CONTENT WAS HIGHLY RELEVANT TO THEIR WORK AND THAT THEY WOULD USE THE INFORMATION WITHIN THE NEXT 30 DAYS 23 STAFF FROM A DUAL-LANGUAGE ENGLISH AND SALISH SCHOOL ATTENDED 200 HOURS OF SALISH CLASSES AND 100% IMPROVED THEIR SALISH LANGUAGE PROFICIENCY IN ADDITION TO SUPPORTING THESE PROGRAMS, SPOKANE COUNTY UNITED WAY DISTRIBUTED OVER 9,000 KINDERGARTEN READINESS WALL CALENDARS TO FAMILIES WITH YOUNG CHILDREN THE ORGANIZATION PARTNERED WITH SPOKANE PUBLIC SCHOOLS TO CONVENE REGULAR MEETINGS OF THE SCHOOL COMMUNITY PARTNERSHIP COMMITTEE TO IMPROVE PLANNING AND COLLABORATION BETWEEN THE SCHOOL DISTRICT AND MORE THAN 40 OUT-OF-SCHOOL-TIME PROGRAMS UNITED WAY ALSO PARTNERED WITH SCHOOLS OUT WASHINGTON TO PROVIDE ACCESS TO TRAINING ON YOUTH PROGRAM QUALITY ASSESSMENT TOOLS TO LOCAL YOUTH DEVELOPMENT PROVIDERS

Form 990, Part III, Line 4c:

HEALTH FUNDING IS PROVIDED TO NONPROFIT PARTNERS AS PART OF THE ORGANIZATION'S GOAL OF INCREASING INDIVIDUAL AND FAMILY SAFETY AND WELLNESS TO THAT END, SPOKANE COUNTY UNITED WAY PROVIDES FINANCIAL SUPPORT TO ORGANIZATIONS THAT FOCUS ON PREVENTING OR MITIGATING THE IMPACT OF CHILD ABUSE, CHILD NEGLECT, DOMESTIC VIOLENCE, MENTAL ILLNESS AND SUBSTANCE ABUSE 189 YOUTH RECEIVED MENTAL HEALTH AND OTHER SERVICES FOCUSED ON YOUTH IN FOSTER CARE, 86% OF THOSE WHO PARTICIPATED IN 8 OR MORE SESSIONS REPORTED STABILITY OR IMPROVEMENT 269 CHILDREN IN FOSTER CARE BENEFITED FROM SUPERVISED VISITATION WITH THEIR PARENTS, 60% OF FAMILIES PARTICIPATING IN THIS SERVICE WERE ABLE TO BE REUNITED 232 STUDENTS IN A LOCAL SCHOOL DISTRICT RECEIVED OUT-PATIENT MENTAL HEALTH THERAPY AND CARE COORDINATION SERVICES THROUGH A PARTNERSHIP BETWEEN THE SCHOOL DISTRICT AND A BEHAVIORAL HEALTH PROVIDER SUPPORTED BY UNITED WAY FUNDS, 67% OF YOUTH WHO WERE RECEIVING ASSISTANCE BECAUSE OF ADVERSE CHILDHOOD EXPERIENCES HAD A SIGNIFICANT REDUCTION IN TRAUMA-RELATED SYMPTOMS 60 BEREAVED YOUTH PARTICIPATED IN INDIVIDUAL COUNSELING AND PEER SUPPORT GROUPS TO HELP THEM COPE WITH THE DEATH OF A FAMILY MEMBER 153 MIDDLE AND HIGH SCHOOL AGE YOUTH RECEIVED OUTPATIENT SUBSTANCE ABUSE TREATMENT, 85% ACHIEVED PASSING GRADES IN SCHOOL 860 AT-RISK OR HOMELESS YOUTH WERE CONTACTED THROUGH STREET OUTREACH AND OTHER SERVICES, 327 YOUTH WERE ABLE TO BE SHELTERED OFF THE STREET AND AN ADDITIONAL 76 WERE REFERRED FOR LONG-TERM HOUSING AND OTHER SUPPORTS THERE WERE 3,067 CALLS TO A LOCAL CRISIS LINE SERVING VICTIMS OF SEXUAL ASSAULT AND OTHER CRIMES, 34% OF CLIENTS RECEIVED ADVOCACY SERVICES TO NAVIGATE SYSTEMS AND FIND RESOURCES AND 788 RECEIVED OUTPATIENT THERAPY SERVICES, 91% WHO WERE SEEN AT LEAST 8 TIMES SHOWED IMPROVEMENT 581 VICTIMS OF DOMESTIC VIOLENCE RECEIVED HOLISTIC COUNSELING SERVICES AND 91 YOUTH WHO WERE IMPACTED BY DOMESTIC VIOLENCE RECEIVED INDIVIDUAL COUNSELING

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

(Code) (Expenses \$ 357,727 including grants of \$ 273,700) (Revenue \$)

FINANCIAL STABILITY FUNDING IS PROVIDED TO LOCAL IMPACT PARTNERS TO SUPPORT THE ORGANIZATION'S GOAL OF REDUCING THE PREVALENCE AND IMPACT OF POVERTY IN SPOKANE COUNTY THE AREAS OF STRATEGIC FOCUS ARE CRISIS INTERVENTION, ACCESS TO EMPLOYMENT, ACCESS TO HOUSING AND RESOURCES TO BUILD HOUSEHOLD ASSETS 6,099 INDIVIDUALS RECEIVED ASSISTANCE IN A CRISIS, INCLUDING FINANCIAL ASSISTANCE TO PAY A RENT OR UTILITY BILL, HELP ACCESSING NUTRITIOUS FOOD, AND ASSISTANCE AFTER A HOUSE FIRE MORE THAN 94,000 UNDUPLICATED CLIENTS, INCLUDING ALMOST 33,000 CHILDREN, BENEFITED FROM ACCESS TO FOOD ASSISTANCE IN THEIR LOCAL NEIGHBORHOODS DURING THE PROGRAM YEAR, FOOD BANK CLIENTS RECEIVED ON AVERAGE 34 POUNDS OF FOOD, WHICH WAS VALUED AT AN AVERAGE OF \$57 PER HOUSEHOLD MEMBER 117 HOMELESS FAMILIES WHO CONTACTED A LOCAL COMMUNITY CENTER RECEIVED FOOD, BLANKETS, WARM CLOTHING, BUS PASSES AND REFERRALS TO LOCAL SHELTERS, 18% OF THEM WERE ABLE TO RECEIVE SHELTER ANOTHER HOUSING PROGRAM SHELTERED 95 FAMILIES IN TRANSITIONAL HOUSING, 80% OF HOUSEHOLDS WHO EXITED THE PROGRAM HAD STABLE HOUSING 57 DEVELOPMENTALLY DISABLED ADULTS RECEIVED HELP TO MANAGE A CRISIS RELATED TO HOUSING, INCOME OR SOCIAL SUPPORTS, A TOTAL OF 123 ISSUES WERE ADDRESSED, 71% OF WHICH WERE RESOLVED TO THE CLIENT'S SATISFACTION 922 ECONOMICALLY DISADVANTAGED WOMEN RECEIVED COUNSELING AND SERVICES TO HELP THEM PREPARE TO ENTER THE WORKFORCE, 774 HAD THEIR JOB SEARCH AND/OR WORK CLOTHING NEEDS MET, 98% OF WOMEN WHO RECEIVED SERVICES SELF-REPORTED AN INCREASE IN CONFIDENCE, 51% OF WOMEN WHO PARTICIPATED IN A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM EXITED TO EMPLOYMENT 571 PEOPLE COMPLETED HOME BUYER CLASSES, 120 HOUSEHOLDS PARTICIPATED IN INDIVIDUAL PRE-PURCHASE COUNSELING, 16% OF WHOM PURCHASED THEIR FIRST HOME 271 HOUSEHOLDS COMPLETED A MORTGAGE DEFAULT/FORECLOSURE PREVENTION COUNSELING PROGRAM, 69% OF WHOM WERE ABLE TO SAVE THEIR HOME FROM FORECLOSURE 483 PEOPLE ATTENDED RECEIVED SMALL BUSINESS COUNSELING, 16% OF WHOM WERE ABLE TO START OR EXPAND A BUSINESS DURING THE PROGRAM YEAR IN ADDITION, SPOKANE COUNTY UNITED WAY HOSTED A FREE TAX PREPARATION SITE, STAFFED BY 96 VOLUNTEERS WHO PREPARED AND FILED TAX RETURNS FOR 866 HOUSEHOLDS, COLLECTIVELY THESE HOUSEHOLDS RECEIVED A TOTAL OF \$1.2 MILLION IN RETURNS

(Code) (Expenses \$ 248,255 including grants of \$ 104,087) (Revenue \$)

COMMUNITY PLANNING & CAPACITY STAFF PARTICIPATED IN COMMUNITY COLLABORATIONS WORKING TOGETHER TO IMPROVE CULTURAL COMPETENCY, REDUCE FAMILY HOMELESSNESS, IMPROVE ACCESS TO MEDICAL AND DENTAL SERVICES FOR LOW-INCOME POPULATIONS, REDUCE THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES, AND IMPROVE THE LOCAL EARLY LEARNING SYSTEM IN ADDITION, A GRANT TO THE 211 (INFORMATION AND REFERRAL) SYSTEM ENABLED THEM TO RESPOND TO OVER 31,000 REQUESTS FOR SERVICES AND TO PROVIDE 20,427 REFERRALS, 96% OF CALLERS WHO WERE CONTACTED SUBSEQUENTLY REPORTED THAT THESE REFERRALS WERE HELPFUL

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

(Code) (Expenses \$ 270,925 including grants of \$ 11,212) (Revenue \$)

VOLUNTEER SERVICES THE ORGANIZATION SUPPORTS INDIVIDUAL, GROUP AND CORPORATE VOLUNTEER ENGAGEMENT AS A STRATEGY TO FULFILL ITS MISSION OF MOBILIZING THE COMMUNITY TO CREATE MEASURABLE RESULTS THAT IMPROVE LIVES ITS WEB-BASED PLATFORM, WWW VOLUNTEERSPOKANE ORG, SERVES AS A FREE RESOURCE TO MATCH VOLUNTEERS WITH OPPORTUNITIES AT LOCAL NONPROFIT ORGANIZATIONS AT YEAR END, 303 NONPROFIT AGENCIES HAD ACTIVE VOLUNTEER OPPORTUNITIES LISTED ON THE WEBSITE, COLLECTIVELY, THEY RECEIVED 1,943 RESPONSES TO THE OPPORTUNITIES THEY LISTED DURING THE YEAR, AND 5,000 INDIVIDUALS HAD REGISTERED TO USE THE SITE TO FIND VOLUNTEER OPPORTUNITIES THE ORGANIZATION ALSO PROVIDES STAFF AND OTHER SUPPORT TO SPOKANE GIVES, A PROJECT OF THE CITY OF SPOKANE THAT ENCOURAGES CITIZENS TO VOLUNTEER THROUGHOUT THE MONTH OF APRIL IN 2018, 20,275 INDIVIDUALS VOLUNTEERED A TOTAL OF 121,668 HOURS WITH LOCAL NONPROFITS AND CIVIC ENGAGEMENT EFFORTS

(Code) (Expenses \$ 244,077 including grants of \$ 10,040) (Revenue \$)

EXCELERATE SUCCESS SPOKANE COUNTY UNITED WAY SERVES AS THE BACKBONE ORGANIZATION FOR THIS COUNTY-WIDE EDUCATION PARTNERSHIP THAT PROMOTES COLLABORATION ACROSS ORGANIZATIONS AND SYSTEMS WITH THE GOAL OF ACTING AS A CATALYST PURSUING EDUCATION EQUITY THEY ALSO SUPERVISED THE PLACEMENT OF 14 SUMMER VISTA VOLUNTEERS AT FREE MEAL SITES THROUGHOUT SPOKANE COUNTY TO PROVIDE LITERACY SUPPORTS FOR MORE THAN 2,000 LOW INCOME CHILDREN DURING THE SUMMER

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

(Code) (Expenses \$ 12,395 including grants of \$ 3,128) (Revenue \$)

YOUTH PROGRAM QUALITY ONE OF THE ORGANIZATION'S STRATEGIES TO IMPROVE EDUCATION OUTCOMES FOR YOUTH IS TO ENSURE THAT THEY HAVE ACCESS TO HIGH QUALITY OUT-OF-SCHOOL-TIME PROGRAMS THE ORGANIZATION PROVIDES LEADERSHIP AND COORDINATION TO A COUNTY-WIDE EFFORT TO INTEGRATE BEST PRACTICES INTO LOCAL YOUTH PROGRAMS IN THAT CAPACITY, SPOKANE COUNTY UNITED WAY PARTNERED WITH A STATEWIDE YOUTH ORGANIZATION AND THE UNIVERSITY OF WASHINGTON TO RESEARCH WHETHER A COMBINATION OF STAFF TRAINING, COACHING AND ASSESSMENTS RESULTED IN MEASURABLE IMPROVEMENTS TO PROGRAM QUALITY AND YOUTH OUTCOMES EIGHT LOCAL YOUTH DEVELOPMENT ORGANIZATIONS PARTICIPATED IN THIS PILOT AND TEN ADDITIONAL PROGRAMS RECEIVED TRAINING, COACHING AND MINI-GRANTS TO HELP THEM IMPROVE PROGRAM QUALITY

(Code) (Expenses \$ 37,448 including grants of \$ 0) (Revenue \$)

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, AND RECRUIT AND PLACE MEMBERS OF ORGANIZED LABOR WITH VOLUNTEER OPPORTUNITIES IN HUMAN AND HEALTH CARE ORGANIZATIONS

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			
SHELLEY REDINGER PHD BOARD CHAIR	1 00	X		X				0	0	0
PAUL READ CHAIR-ELECT	1 00	X		X				0	0	0
WENDY NEWMAN TREASURER	1 00	X		X				0	0	0
STACEY COWLES CAMPAIGN CHAIR	1 00	X						0	0	0
ALISHA BENSON DIRECTOR	1 00	X						0	0	0
SHELLY COLOMB DIRECTOR	1 00	X						0	0	0
SHAWN DAVIS DIRECTOR	1 00	X						0	0	0
DELORES DUQUETTE DIRECTOR	1 00	X						0	0	0
KIM FERRARO DIRECTOR	1 00	X						0	0	0
MICHELLE GRABICKI DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONDA KENNEY DIRECTOR	1 00	X						0	0	0
ROB LARSON DIRECTOR	1 00	X						0	0	0
THOMAS LEIGHTY DIRECTOR	1 00	X						0	0	0
ROB MCCANN DIRECTOR	1 00	X						0	0	0
JONATHON MALLAHAN DIRECTOR	1 00	X						0	0	0
TOM MESSICK DIRECTOR	1 00	X						0	0	0
LONNIE MITCHELL DIRECTOR	1 00	X						0	0	0
MARCELO MORALES DIRECTOR	1 00	X						0	0	0
SUSAN NELSON DIRECTOR	1 00	X						0	0	0
TIMM ORMSBY DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICK PIERRE DIRECTOR	1 00	X						0	0	0
JAN SCHMIDLKOFER DIRECTOR	1 00	X						0	0	0
BRENDA STEVENSON-MARSHALL DIRECTOR	1 00	X						0	0	0
SHELBY STOKOE DIRECTOR	1 00	X						0	0	0
CHRISTINE VARELA DIRECTOR	1 00	X						0	0	0
FRANCISCO VELAZQUES MD DIRECTOR	1 00	X						0	0	0
DENNIS VERMILLION DIRECTOR	1 00	X						0	0	0
TIM HENKEL PRESIDENT, CEO & SECRETARY	40 00	X		X				120,008	0	13,363
DALE DAMRON VICE PRESIDENT, ADMINISTRATION & FINANCE	40 00			X				71,004	0	7,378

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

OMB No 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,770,936	4,354,129	4,388,322	4,784,236	3,692,444	21,990,067
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	4,770,936	4,354,129	4,388,322	4,784,236	3,692,444	21,990,067
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)						132,512
6	Public support. Subtract line 5 from line 4						21,857,555

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	4,770,936	4,354,129	4,388,322	4,784,236	3,692,444	21,990,067	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,939	0	5,860	54,174	28,354	134,327	
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 VI)							
11	Total support. Add lines 7 through 10						22,124,394	
12	Gross receipts from related activities, etc (see instructions)						12	352,317
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 98.790 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 97.880 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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 VI 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 12	THE MAJORITY ARE SERVICE FEES FOR AGENCY SERVICES FOR THIRD-PARTY DESIGNATED GIFTS. THESE FEES COVER THE ADMINISTRATIVE AND FUNDRAISING COSTS ASSOCIATED WITH SOLICITING AND PROCESSING GIFTS DESIGNATED TO ANOTHER 501(C)(3) ORGANIZATION.

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91-0606058

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on 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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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" on 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, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	791,933	738,590	795,446	831,809	753,109
b Contributions	1,367	1,221	1,250	1,455	1,540
c Net investment earnings, gains, and losses	55,724	93,067	-17,596	161	113,199
d Grants or scholarships	30,486	30,728	30,450	29,186	28,026
e Other expenditures for facilities and programs					
f Administrative expenses	10,137	10,217	10,060	8,793	8,013
g End of year balance	808,401	791,933	738,590	795,446	831,809

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on 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

No

b

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

3b

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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				
b Buildings				
c Leasehold improvements		45,202	41,059	4,143
d Equipment		84,143	73,119	11,024
e Other		92,196	80,252	11,944
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				27,111

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY INNOVIA	339,008
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	339,008

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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
See Additional Data Table	
	Schedule D (Form 990) 2017

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-0606058
Name: UNITED WAY OF SPOKANE COUNTY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUND OF UNITED WAY OF SPOKANE COUNTY IS ADMINISTERED BY INNOVIA FOUNDATION THE FUND IS ADMINISTERED TO ENSURE GROWTH INTO PERPETUITY, WHILE MAKING DISTRIBUTIONS AVAIL ABLE ON AN ANNUAL BASIS FOR THE PURPOSES OF FINANCING THE MISSION OF UNITED WAY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>UNITED WAY OF SPOKANE COUNTY IS ORGANIZED AS A WASHINGTON NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES THE ORGANIZATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED GIFTS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED GIFTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	DONOR DESIGNATED GIFTS, WHERE UNITED WAY IS THE AGENT, ARE INCLUDED ON THE FORM 990 THIS AMOUNT IS PRESENTED ON THE AUDITED FINANCIAL STATEMENTS IN "CAMPAIGN RESULTS", BUT BACKED OUT TO ARRIVE AT NET CAMPAIGN REVENUE

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	DONOR DESIGNATED GIFTS, WHERE UNITED WAY ACTS AS AN AGENT, ARE INCLUDED ON THE FORM 990. THEY ARE ALSO PRESENTED ON THE AUDITED FINANCIAL STATEMENTS IN GROSS FUNDS AWARDED/DISTRIBUTED, BUT BACKED OUT TO ARRIVE AT NET FUNDS AWARDED/DISTRIBUTED

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As Filed Data -

DLN: 93493022011399

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

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," on 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.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

46
- 3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2	THE ORGANIZATION REQUIRES THE SUBMISSION OF REPORTS SEMI-ANNUALLY DOCUMENTING THE NUMBER OF CLIENTS SERVED, THE QUALITY OF SERVICES PROVIDED, AND DETERMINATION OF WHETHER PEOPLE WERE BETTER OFF AS A RESULT OF THE DELIVERED SERVICES

Additional Data

Software ID:
Software Version:
EIN: 91-0606058
Name: UNITED WAY OF SPOKANE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	54,350				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501C3	23,250				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 301 SPOKANE, WA 99201	26-1581358	501C3	52,800				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501C3	32,600				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 AREA WORKFORCE DEVELOPMENT COUNCIL 2000 N GREENE ST MSC 2158 SPOKANE, WA 99217	46-0684743	501C3	15,500				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
47066 - AMERICAN RED CROSS SERVING THE GREATER INLAND NORTHW 315 W NORA AVE SPOKANE, WA 99205	53-0196605	501C3	33,250				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HEMMINGSON CTR STE 206 SPOKANE, WA 992582472	91-0236600	501C3	11,000				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501C3	167,700				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 992012243	91-0567262	501C3	36,650				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
CAMP FIRE USA INLAND NORTHWEST COUNCIL 524 N MULLAN SPOKANE VALLEY, WA 99206	91-0567727	501C3	14,400				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN WA & NORTHERN ID 1404 N ASH SPOKANE, WA 99201	91-0570844	501C3	12,850				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
CHILDREN'S HOME SOCIETY OF WA PO BOX 15109 SEATTLE, WA 981150190	91-0575955	501C3	27,600				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 992021402	91-0716160	501C3	22,400				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
AMERICAN INDIAN COMMUNITY CENTER ASSOC 610 E NORTH FOOTHILLS DR SPOKANE, WA 99207	91-0822523	501C3	22,200				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	60,300				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION ST SPOKANE, WA 99216	91-0853801	501C3	172,900				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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' SCHOOLNEURO CTR 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	35,800				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
MARTIN LUTHER KING JR FAMILY OUTREACH CENTER 845 S SHERMAN AVE SPOKANE, WA 99202	91-0912823	501C3	88,050				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	16,450				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
EXCELSIOR YOUTH CENTER 3754 W INDIAN TRIAL RD SPOKANE, WA 992084736	91-1189908	501C3	31,400				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	58,250				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
COMMUNITY MINDED ENTERPRISES PO BOX 48150 SPOKANE, WA 99228	91-1764236	501C3	21,198				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501C3	40,000				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
ODYSSEY YOUTH MOVEMENT 1121 S PERRY ST SPOKANE, WA 99202	91-2045932	501C3	44,300				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 280 E SPOKANE, WA 99201	91-2160074	501C3	10,000				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SPOKANE PUBLIC SCHOOLS 200 N BERNARD ST SPOKANE, WA 99201	91-6001582		17,000				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 992013816	93-0386860	501C3	93,050				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SALVATION ARMY - SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	77,550				TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	16,140				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY 905 W RIVERSIDE AVE STE 301 SPOKANE, WA 99201	26-1581358	501C3	5,352				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 RED CROSS SERVING THE GREATER INLAND NORTHW 315 W NORA AVE SPOKANE, WA 99205	53-0196605	501C3	5,060				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
GONZAGA PREPRATORY SCHOOL 1224 E EUCLID SPOKANE, WA 99207	53-0196617	501C3	5,546				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	6,407				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
CATHOLIC CHARITIES PO BOX 2253 SPOKANE, WA 992102253	91-0569880	501C3	42,145				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 992024066	91-0613587	501C3	12,335				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
SPO GUILDS' SCHOOLNEURO CTR 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	9,978				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INWCF - SPOKANE COUNTY UNITED WAY ENDOWMENT FUND 421 W RIVERSIDE AVE STE 606 SPOKANE, WA 992010405	91-0941053	501C3	12,431				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210	91-0995069	501C3	12,593				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	13,804				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
SPOKANE NEIGHBORHOOD ACTION PARTNERS 3102 W FORT GEORGE WRIGHT DRIVE SPOKANE, WA 99224	91-1311127	501C3	15,325				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WOMENS & CHILDRENS FREE RESTAURANT 1408 N WASHINGTON ST SPOKANE, WA 99201	91-1399742	501C3	7,026				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
MOBIUS SPOKANE 808 W MAIN AVE LL015 SPOKANE, WA 99201	91-1694299	501C3	8,500				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501C3	9,045				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO 1117 TIETON DRIVE YAKIMA, WA 98902	91-6071384	501C3	13,476				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 992013816	93-0386860	501C3	9,221				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION
SALVATION ARMY - SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	13,778				DONOR DESIGNATED GIFT SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SPOKANE COUNTY

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

91-0606058

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	SPOKANE COUNTY UNITED WAY PILOTED A NEW PARTNERSHIP WITH THE EASTERN WASHINGTON UNIVERSITY SCHOOL OF SOCIAL WORK IN SEPTEMBER 2017 IT PAIRED TEAMS OF MASTERS-LEVEL SOCIAL WORK STUDENTS WITH 7 OF OUR NONPROFIT PARTNERS TO ASSIST WITH AGENCY PROFESSIONAL DEVELOPMENT, DEVELOPMENT OF A LOGIC MODEL FOR EACH PROGRAM, AND AN ASSESSMENT OF AN ASPECT OF PROGRAM SERVICES THIS PARTNERSHIP WILL BE CONTINUED IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	IN THE PRIOR YEAR, SPOKANE COUNTY UNITED WAY STAFFED THE YOUTH PROGRAM QUALITY INITIATIVE IN SPOKANE COUNTY. THEY STILL PARTNER WITH SCHOOLS' OUT WASHINGTON TO SUPPORT THIS INITIATIVE, BUT IT IS NOW STAFFED BY SCHOOLS' OUT WASHINGTON AND NO LONGER REPRESENTS A SIGNIFICANT INVESTMENT OF ORGANIZATIONAL TIME AND RESOURCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THERE IS NO DISTINCTION BETWEEN MEMBERS AND DIRECTORS, AS STATED IN THE BYLAWS, ARTICLE II , MEMBERSHIP, SECTION 1 GENERAL "SO LONG AS THE ARTICLES OF INCORPORATION OF THIS CORPOR ATION PROVIDE FOR MEMBERS, THE MEMBERS OF THIS CORPORATION SHALL BE OF THOSE PERSONS SERVI NG AS DIRECTORS OF THIS CORPORATION" THE SOLE RIGHTS OF THE MEMBERS SHALL BE TO ELECT PER SONS TO SERVE AS DIRECTORS THE BOARD OF DIRECTORS WILL CONSIST OF BETWEEN 25 AND 35 ELECT ED PERSONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BYLAWS ALLOW FOR THE ELECTION OF MEMBERS TO THE BOARD OF DIRECTORS BY EXISTING BOARD MEMBERS THERE ARE A COUPLE OF EX-OFFICIO MEMBERS, ONE IS THE CHAIR OF THE CAMPAIGN CABINET, AN INDIVIDUAL WHO IS RECRUITED INTO THAT POSITION BY THE PRESIDENT/CEO THE PRESIDENT/CEO IS ALSO AN EX-OFFICIO MEMBER, BUT NOT A VOTING MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE ANNUAL FORM 990 BEING FILED, THE FINANCE AND ADMINISTRATION COMMITTEE OF THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE 990 FOR REVIEW, QUESTIONS AND COMMENTS DURING A SCHEDULED FINANCE COMMITTEE MEETING ONCE THEY'VE REVIEWED AND PROVIDED ANY COMMENTS, THE REST OF GOVERNING BOARD RECEIVES A COPY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATIONAL LEADERSHIP, INCLUDING BOARD CHAIR AND PRESIDENT, DETERMINES PRIOR TO A BOARD OF DIRECTOR OR COMMITTEE VOTE AND RELATED DISCUSSION WHETHER THERE MAY BE A CONFLICT OF INTEREST WITH ANY MEMBER THIS IS DONE PARTLY VIA A REVIEW OF KNOWN CONFLICTS OF INTEREST AS DISCLOSED IN AN ANNUAL SURVEY OF BOARD AND STAFF MEMBERS IN ADDITION, MEMBERS ARE ASKED TO SELF-IDENTIFY POTENTIAL CONFLICTS AHEAD OF A DECISION MAKING PROCESS VOLUNTEERS WITH A DECLARED CONFLICT OF INTEREST SHALL DISQUALIFY THEMSELVES FROM VOTING ON A MOTION RELATIVE TO THE AREA OF CONFLICT IN SOME CASES, IT MAY BE APPROPRIATE TO LEAVE THE ROOM WHEN THE VOTE IS TAKEN IF THE CONFLICT OF INTEREST IS PUBLICLY ANNOUNCED, THE VOLUNTEER USUALLY MAY PARTICIPATE IN ANY DISCUSSIONS RELATIVE TO THE AREA OF CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	EVALUATION OF THE PERFORMANCE AND SALARY OF THE CEO IS DONE BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. 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 DOCUMENTED AND KEPT IN THE PERSONNEL FILE OF THE CEO. THE LAST REVIEW WAS COMPLETED IN MARCH 2018.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE, UNITEDWAYSPOKANE ORG OUR CONFLICT OF INTEREST POLICY, ETHICS STATEMENT, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST