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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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) Room/suite
920 N WASHINGTON STE 100

City or town, state or province, country, and ZIP or foreign postal code
SPOKANE, WA 99201

F Name and address of principal officer:
Tim Henkel
920 N Washington Ste 100
Spokane, WA 99201

D Employer identification number
91-0606058

E Telephone number
(509) 838-6581

G Gross receipts \$ 3,441,981

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:
Ceating 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) 29

4 Number of independent voting members of the governing body (Part VI, line 1b) 29

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 23

6 Total number of volunteers (estimate if necessary) 424

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 3,644,120

9 Program service revenue (Part VIII, line 2g) 71,275

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,759

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,411,617

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,034,986

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,186,012

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 369,345

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 485,420

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,706,418

19 Revenue less expenses. Subtract line 18 from line 12 -294,801

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 2,876,532

21 Total liabilities (Part X, line 26) 412,341

22 Net assets or fund balances. Subtract line 21 from line 20 2,464,191

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

2021-01-26

Date

Tim Henkel President and CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

The mission of Spokane County United Way is to mobilize our community to create measureable 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 \$	781,513	including grants of \$	781,513) (Revenue \$	0)
	See Additional Data				

4b	(Code:) (Expenses \$	462,840	including grants of \$	462,840) (Revenue \$	0)
	See Additional Data				









4c	(Code:) (Expenses \$	438,273	including grants of \$	438,273) (Revenue \$	0)
	See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	1,242,310	including grants of \$	397,038) (Revenue \$	0)

4e	Total program service expenses ▶	2,924,936			
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	1a	11
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 23			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	29	
1b	Enter the number of voting members included in line 1a, above, who are independent	29	
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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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-A 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.
☒ Own website ☒ Another's website ☒ Upon request ☐ 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

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								200,991	0	24,432

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

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

Section B. Independent Contractors

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

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

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

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII		<input type="checkbox"/>					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	36,660				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,283,923				
	g Noncash contributions included in lines 1a - 1f:\$	1g	0				
	h Total. Add lines 1a-1f		3,320,583				
Program Service Revenue	2a Processing Fees on Designations	Business Code					
		541611	43,525	43,525	0	0	
	b AmeriCorps VISTA	541611	23,250	23,250	0	0	
	c School's Out Washington	541611	4,500	4,500	0	0	
	d						
	e						
	f All other program service revenue.		0	0	0	0	
g Total. Add lines 2a-2f.		71,275					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,768	0	0	19,768	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	30,355	0			
		b Less: cost or other basis and sales expenses	7b	30,364	0		
		c Gain or (loss)	7c	-9	0		
	d Net gain or (loss)		-9	0	0	-9	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities						
	10aGross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold		10b					
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		0					
12 Total revenue. See instructions		3,411,617	71,275	0	19,759		

Form 990 (2019)

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	2,034,986	2,034,986		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	228,996	126,121	46,284	56,591
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	711,774	392,011	143,865	175,898
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	39,413	21,707	7,966	9,740
9 Other employee benefits	134,294	73,963	27,143	33,188
10 Payroll taxes	71,535	39,399	14,458	17,678
11 Fees for services (non-employees):				
a Management	50,353	27,117	22,449	787
b Legal	0	0	0	0
c Accounting	13,250	0	13,250	0
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	57,398	27,482	22,356	7,560
13 Office expenses	56,810	31,191	11,624	13,995
14 Information technology	50,923	28,047	10,292	12,584
15 Royalties	0	0	0	0
16 Occupancy	112,228	61,810	22,683	27,735
17 Travel	7,833	4,231	2,345	1,257
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	52,215	39,932	2,509	9,774
20 Interest	0	0	0	0
21 Payments to affiliates	52,606	0	52,562	44
22 Depreciation, depletion, and amortization	6,925	0	6,009	916
23 Insurance	5,972	0	5,972	0
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	18,907	16,939	370	1,598
25 Total functional expenses. Add lines 1 through 24e	3,706,418	2,924,936	412,137	369,345
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		433,795	1	577,031	
	2	Savings and temporary cash investments		1,218,861	2	1,237,734	
	3	Pledges and grants receivable, net		907,387	3	704,740	
	4	Accounts receivable, net		9,000	4	5,000	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		62,333	9	26,821	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	221,541			
	b	Less: accumulated depreciation	10b	218,811	9,655	10c	2,730
	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		336,603	15	322,476	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,977,634	16	2,876,532		
Liabilities	17	Accounts payable and accrued expenses		89,164	17	90,558	
	18	Grants payable		129,478	18	98,783	
	19	Deferred revenue		0	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24	223,000	
	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		0	25	0	
	26	Total liabilities. Add lines 17 through 25		218,642	26	412,341	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,200,934	27	1,289,586	
	28	Net assets with donor restrictions		1,558,058	28	1,174,605	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,758,992	32	2,464,191	
33	Total liabilities and net assets/fund balances		2,977,634	33	2,876,532		

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	3,411,617
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,706,418
3	Revenue less expenses. Subtract line 2 from line 1	3	-294,801
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,758,992
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,464,191

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: 19009572
Software Version: v1.00
EIN: 91-0606058
Name: UNITED WAY OF SPOKANE COUNTY

Form 990 (2019)

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. There were unprecedented challenges during the 2019-2020 year due to the COVID-19 global pandemic. In mid-March, mandated state-wide school closures meant that programs and students were no longer on-site at schools. This change led to a decrease in engagement with students, however, programs funded by Spokane County United Way modified their service delivery, with many shifting their services online. To that end, Spokane County United Way provided grants to five organizations that support kindergarten readiness and success in school (K-12). Five hundred eighteen children ages birth to 3 benefited from early intervention services to respond to developmental delays or family challenges; 341 children were screened for developmental milestones [including social and emotional]; 95% of parents surveyed reported that these programs helped them develop skills to better support their children. Five programs received grants to enable them to provide out-of-school-time supports to almost 1,000 elementary and middle school youth in Spokane. These investments enabled 42 low-income youth to participate in scouting programs with 84% of activities/functions performed well through an annual YPQ assessment; 199 participated in outdoor enrichment experiences at a summer day camp; 516 accessed adult mentors;; and, 33 English learning youth benefitted from enrichment activities in a neighborhood-based after-school program with 90% of participants reporting an increase in life skills. Depending on the program and intervention, between 58% and 90% of youth who actively participated in services improved their attendance, behavior and/or academic performance. Two hundred and nine students in foster care were served through Graduation Success in Spokane of which 86% s developed a student-centered plan that maps the road to high school graduation and their post-secondary plan. Sixty eight staff from two local school districts received training on how to create safe, supportive school environments for LGBTQ youth, which saw improvements in school district policies and practices; 82% 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. Sixteen staff from a dual-language English and Salish school attended 200 hours of Salish classes and improved their Salish language proficiency by 100%. Two hundred fifty-six youth received case management and other supports to help them stay on track in middle school with 161 youth served by 7 counselors certified in Cognitive Behavioral Therapy Plus (CBT+). These counselors utilized different tools including Yoga Calm, an evidence-based and research-backed intervention shown to help those affected by depression, suicidal thoughts, and ACEs including physical abuse and other childhood trauma. Until schools moved classes online, SCUW 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 safe and healthy families. To that end, Spokane County United Way provides financial support to local organizations that focus on preventing or mitigating the impact of child abuse, child neglect, domestic violence, mental illness and substance abuse. Eighty-seven vulnerable families with newborns and toddlers benefited from semi-monthly home visits to promote healthy child development. Ninety-nine youth received mental health and other services focused on youth in foster care; 94% of those who participated in 8 or more sessions reported stability or improvement. Three hundred thirty-four young children received care and nurturing upon their emergency placement into foster care. Fifty-two bereaved youth participated in a summer camp where 100% of parents reported that their child experienced a safe place to talk about his/her loved one and their grief; 72% of parents reported that they noticed their child was more willing to talk about the death of his/her loved one. One hundred thirty-four middle and high school age youth received outpatient substance abuse treatment; 69% achieved passing grades in school; 88% of clients noted a brighter perspective on future opportunities and broadened interests (beyond chemical dependency) as shown through the exit survey and counselor's case notes. one hundred forty-six hours of legal case support were provided for individual at-risk or experiencing housing instability. Two hundred youth and young adults experiencing housing instability were enrolled for mental health evaluation and screening in order to access care or services. There were 3,365 calls to a local crisis line serving victims of sexual assault and other crimes; the Advocacy & Education Program provided 1,957 hours of legal advocacy and 454 hours of medical advocacy; 95% who were seen at least 8 times showed improvement. Nine hundred and one victims of domestic violence received holistic counseling services and 135 youth who were impacted by domestic violence received individual counseling; 80% of surveyed victims (sampling group) reported knowing more ways to plan for safety. Fifteen domestic violence perpetrators received assessment and treatment scholarships to reduce the financial barrier in accessing perpetrator services with a goal to increase safety of victims and families affected by domestic violence in Spokane; 71% of offenders maintained or significantly improved contact with probation officer and the court.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 416,966 including grants of \$ 362,664) (Revenue \$ 0)

Financial Stability: Funding is provided to local nonprofit partners to support the organization's goal of increasing the prevalence of financially stable households in Spokane County. The areas of strategic focus are crisis intervention, access to employment, access to housing and resources to build household assets. In light of COVID19 pandemic, programs funded made necessary adjustments to minimize impact on program delivery to community members. Unduplicated clients, including children, benefited from access to food assistance in their local neighborhoods during the program year; neighborhood food banks received training to build their capacity to safely store and distribute fresh produce which was distributed to low-income households. Over 40 boxes of food was distributed weekly at the start of COVID19 pandemic. 1,581 customers attended in-person or virtually a financial stability related workshop; 217 households received assistance to alleviate a crisis, including financial assistance to pay a rent or utility bill, help accessing clothing and other essentials, and assistance after a house fire. 121 immigrant families served through a Legal and Family Support Fund. 62 developmentally disabled adults received advocacy to manage a crisis related to housing, income or social supports; a total of 86 issues were addressed, 78% of which were resolved to the clients' satisfaction. 37 homeless families participated in a transitional housing program with social supports and financial counseling; 52% of households who exited the program had stable, permanent housing after 6 months after graduating program. 653 economically disadvantaged women received counseling and services to help them prepare to enter the workforce; 95% of women who engaged in services reported having a satisfactory experience; 60% of women who participated in a comprehensive workforce development program exited to employment. 499 people completed home buyer classes; 75 households participated in individual pre-purchase counseling, 57% of whom purchased their first home. 192 households completed a mortgage default/foreclosure prevention counseling program, 72% of whom were able to save their home from foreclosure. Homeless young adults and homeless families were assisted in securing affordable rental units, in spite of challenges in their past that had made landlords reluctant to rent to them. 705 low income people attended financial skills classes; 25% of low-income people reached 640 credit score (home purchase threshold). 466 people attended received small business counseling; 11% of them were able to start or expand a business during the program year. More than 600 individuals participated in job readiness programs, of which, 64 individuals trained in quality construction trades training to enable future workforce (with an emphasis on low income individuals, minorities, and youth) to secure a living wage career and 120 youth and young adults trained in employment skills; 94% of individuals that take the class graduate and 45% of students who graduate obtained employment. 10 Know Your Rights and Census trainings in the community or at businesses.

(Code:) (Expenses \$ 217,810 including grants of \$ 26,852) (Revenue \$ 0)

Excelerate Success: A collective impact cradle-to-career education initiative by the Spokane County United Way. Over time its mission has evolved. Today, Excelerate Success addresses the impacts of racism, particularly structural racism. The initiative seeks to build community by promoting collaboration among Black, Indigenous, People of Color (BIPOC) and white people in Spokane County as well as among people with other marginalized identities. Excelerate Success has 3 core strategies: racial affinity groups; trainings led by impacted communities; and, annual community learning events. In FY'20, Excelerate Success hosted a BIPOC affinity space every two weeks for 6 months that had an average attendance of 15 people each. It hosted 4 trainings that were attended by a total of 60 people. Due to COVID-19, Excelerate Success was not able to do its annual community learning event.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 197,979 including grants of \$ 6,422) (Revenue \$ 0)

Community Planning & Capacity: Staff participated in community collaborations to improve cultural competency, reduce youth and 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 infrastructure. At the onset of the COVID19 pandemic, United Way staff participated in joint fundraising and grant making efforts with Innovia, Avista, and Empire Health Foundations, and other philanthropic partners to address the needs of our community including food insecurity and concrete supports for families. Staff participated in COVID19 emergency community planning and coordination initiatives to recruit volunteers for COVID19 related initiatives like food distribution and intake of donated personal protective equipment. In addition, a grant to the 211 (information and referral) system enabled them to respond to almost 19,208 requests for services, of which 4,286 individuals were referred to affordable housing services.

(Code:) (Expenses \$ 283,464 including grants of \$ 800) (Revenue \$ 0)

Volunteer Services: The organization supports individual, group and corporate volunteer engagement as a strategy to fulfill its mission. To support its financial stability work, Spokane County United Way operated two free tax preparation sites in the community, staffed by 88 volunteers who prepared and filed tax returns for 539 households; collectively these households received a total of \$909,474 in returns. Additionally, United Way promoted a free self-filing tool, www.MyFreeTaxes.com through which, 288 returns were prepared with an average refund of \$1,156 per tax client. To promote literacy in a rural, high-poverty school district, Spokane County United Way recruited 36 volunteers at two local business that used screen-sharing technology to serve as Vello reading tutors for 72 elementary-grade students identified by their teachers as needing support. Collectively, volunteers provided 353 reading tutoring sessions, which equaled to more than 170 hours. Over the course of the 2019-2020 school year, and the entire four classrooms of students benefited from access to a high-quality digital library. In addition, Spokane County United Way maintained a web-based platform, www.volunteerspokane.org, which served as a free resource to match community volunteers with opportunities at local nonprofit organizations. At year end, 356 nonprofit agencies had active volunteer opportunities listed on the website; collectively, they received 1,689 responses to the opportunities they listed during the year, including COVID19 related opportunities; and 1,882 individuals used the site to find volunteer opportunities. During the onset of the COVID19 pandemic, the organization partnered with the Spokane County Emergency Response Team to provide support on the front-end, assisting with collection and management of personal protective equipment collection site from the community. The organization recruited volunteers and collected 65,000 personal protective items donated for hospital staff and first responders. Spokane County United Way manages the selection and support of AmeriCorps VISTA projects and members in Spokane County in coordination with Corporation for National and Community Service (CNCS). In FY'20, VISTA projects at nine local nonprofits enhanced their capacity to provide education, financial stability, and health-related services to low-income clients; individual project activities included improving marketing strategies, conducting community needs assessments, improving volunteer recruitment and management practices, and enhancing after-school programs for youth. SCUW also recruited, trained and supported one AmeriCorps VISTA Summer Associate to provide literacy and enrichment activities for children and youth at a free, virtual summer camp program; this partnership with Spokane County Library District served 140 low-income youth in the summer of 2020.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 37,367 including grants of \$ 0) (Revenue \$ 0)

Labor Relations: 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.

(Code:) (Expenses \$ 88,724 including grants of \$ 300) (Revenue \$ 0)

Anchor Community Initiative: Is a project to end youth and young adult homelessness in four communities across Washington State by the end of 2022. Spokane County United Way partners with A Way Home Washington to help participating communities improve their data collection methods, advocate for legislative change, develop partnerships with systems and service providers, and implement projects that improve access to services and lead to equitable outcomes for all young people. Our approach is modeled after Build for Zero, a framework that has ended chronic and veteran homelessness in communities across the county. The Anchor Community Initiative worked to build and construct a Youth By Name List for Spokane County, in collaboration with the other Anchor Community Initiatives, and established a detailed logic flow for this database; developed and formalized collaboration with key systems of care in Spokane including housing system, juvenile justice, foster care, public school system; convened system specific workgroups to identify challenges and implement solutions including coordinated entry and diversion, equity, housing placement, and data team.

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			
Tim Henkel President, CEO & Secretary	40	X		X				125,675	0	14,244
Amy Fanning Vice President, Finance & Administration	40			X				75,316	0	10,188
Paul Read Board Chair	1	X		X				0	0	0
Stacey Cowles Chair-Elect	1	X		X				0	0	0
Wendy Newman Treasurer	1	X		X				0	0	0
Jan Schmidtkofer Campaign Co-Chair	1	X						0	0	0
Alisha Benson Campaign Co-Chair	1	X						0	0	0
Ann Gorman Director	1	X						0	0	0
Beck Taylor Director	1	X						0	0	0
Ben Small Director	1	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			
Bob Larson Director	1	X						0	0	0
Bryan White Director	1	X						0	0	0
Chrissy Davis Jones Director	1	X						0	0	0
Christine Varela Director	1	X						0	0	0
Craig Meidl Director	1	X						0	0	0
Deloris Duquette Director	1	X						0	0	0
Frank Velazquez Director	1	X						0	0	0
Jason Thackston Director	1	X						0	0	0
Jesse Zumbro Director	1	X						0	0	0
Kris Workman Director	1	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			
Larry Valadez Director	1	X						0	0	0
Lonnie Mitchell Director	1	X						0	0	0
Martin Hughes Director	1	X						0	0	0
Michelle Grabicki Director	1	X						0	0	0
Ronda Kenney Director	1	X						0	0	0
Shelby Stokoe Director	1	X						0	0	0
Steve Tammaro Director	1	X						0	0	0
Thomas Leighty Director	1	X						0	0	0
Tim Fitzgerald Director	1	X						0	0	0
Timm Ormsby Director	1	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			
Traci McGlathery Director	1	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,388,322	4,784,236	3,692,444	3,644,120	3,320,582	19,829,704
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	4,388,322	4,784,236	3,692,444	3,644,120	3,320,582	19,829,704
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						19,829,704

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	4,388,322	4,784,236	3,692,444	3,644,120	3,320,582	19,829,704
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	5,860	54,174	28,354	32,905	19,768	141,061
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						19,970,765
12	Gross receipts from related activities, etc. (see instructions)						12 378,862
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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.294 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	99.422 %
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		

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>		
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>		

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>		

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?		
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>		
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>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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>		
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>		
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>		
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>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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
Schedule A, 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)

Department of the Treasury
Internal Revenue Service

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF SPOKANE COUNTY

Employer identification number
91-0606058

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) 2019

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	803,856	808,401	791,933	738,590	795,446
b Contributions	1,000	1,100	1,367	1,221	1,250
c Net investment earnings, gains, and losses	4,738	34,997	55,724	93,067	-17,596
d Grants or scholarships	30,730	30,458	30,486	30,728	30,450
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	10,133	10,184	10,137	10,217	10,060
g End of year balance	768,731	803,856	808,401	791,933	738,590

2

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

a

Board designated or quasi-endowment ▶ 100 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 0 %

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

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	45,202	45,202	0
d Equipment	0	84,143	84,143	0
e Other	0	92,196	89,466	2,730
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,730

Schedule D (Form 990) 2019

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	322,476
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	322,476

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.) ▶	0

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 ☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,630,105
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,630,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	781,512
c	Add lines 4a and 4b	4c	781,512
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,411,617

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

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

1	Total expenses and losses per audited financial statements	1	2,924,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,924,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	781,517
c	Add lines 4a and 4b	4c	781,517
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,706,418

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 91-0606058
Name: UNITED WAY OF SPOKANE COUNTY

Supplemental Information

Return Reference	Explanation
Schedule D, 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 and perpetuity, while making distributions available on an annual basis for the purpose of financing the mission of United Way of Spokane County.

Supplemental Information

Return Reference	Explanation
Schedule D, 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
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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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 ▶ 47

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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
Schedule I, 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: 19009572
Software Version: v1.00
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
AMERICAN RED CROSS SERVING THE GREATER INLAND NORTHW 315 W NORA AVE SPOKANE, WA 99205	53-0196605	501C3	10,000				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	21,000				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
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVE SPOKANE, WA 99207	91-1983357	501C3	37,881				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	13,500				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
CHILDREN'S HOME SOCIETY OF WA PO BOX 15109 SEATTLE, WA 98115	91-0575955	501C3	26,000				Targeted improvements in education attainment, health, or financial stability
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY 905 W RIVERSIDE AVE STE 301 SPOKANE, WA 99209	26-1581358	501C3	7,977				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 99209	26-1581358	501C3	39,884				Targeted improvements in education attainment, health, or financial stability
COMMUNITY MINDED ENTERPRISES PO Box 48150 SPOKANE, WA 99228	91-1764236	501C3	19,500				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	16,000				Targeted improvements in education attainment, health, or financial stability
EXCELSIOR YOUTH CENTER 3754 W INDIAN TRIAL RD SPOKANE, WA 99208	91-1189908	501C3	13,750				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
EXCELSIOR YOUTH CENTER 3754 W INDIAN TRIAL RD SPOKANE, WA 99208	91-1189908	501C3	13,750				Targeted improvements in education attainment, health, or financial stability
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION ST SPOKANE, WA 99216	91-0853801	501C3	162,500				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
FUSE INNOVATION FUND 907 E 8TH AVE SPOKANE, WA 99202	87-0800705	501C3	15,000				Targeted improvements in education attainment, health, or financial stability
GIRL SCOUTS OF EASTERN WA & NORTHERN ID 1404 N ASH SPOKANE, WA 99201	91-0570844	501C3	10,000				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
INLAND NORTHWEST ASSOCIATED GENERAL CONTRACTORS PO BOX 11901 SPOKANE, WA 99211	57-1162422	501C3	13,750				Targeted improvements in education attainment, health, or financial stability
JOYA CHILD AND FAMILY DEVELOPMENT 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	25,000				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 99201	93-0386860	501C3	75,000				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	68,000				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
ODYSSEY YOUTH MOVEMENT 1121 S PERRY ST SPOKANE, WA 99202	91-2045932	501C3	15,000				Targeted improvements in education attainment, health, or financial stability
REFUGEE CONNECTIONS SPOKANE 35 W MAIN AVE STE 205 SPOKANE, WA 99201	90-0652201	501C3	30,000				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
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99202	27-1126478	501C3	31,000				Targeted improvements in education attainment, health, or financial stability
SALVATION ARMY - SPOKANE CORPS 204 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	73,500				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 99201	23-7173826	501C3	10,000				Targeted improvements in education attainment, health, or financial stability
SPOKANE EAST SIDE REUNION ASSOCIATION 3001 E 5TH SPOKANE, WA 99202	45-2464484	501C3	13,750				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	50,000				Targeted improvements in education attainment, health, or financial stability
SPOKANE PUBLIC SCHOOLS 200 N BERNARD ST SPOKANE, WA 99201	91-6001582		7,985				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 WORKFORCE COUNCIL 140 S ARTHUR ST STE 300 SPOKANE, WA 99205	46-0684743	501C3	30,000				Targeted improvements in education attainment, health, or financial stability
TEAMCHILD - SPOKANE 1225 S WELLER ST STE 420 SEATTLE, WA 98144	91-1930194	501C3	22,917				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 99202	91-0716160	501C3	21,000				Targeted improvements in education attainment, health, or financial stability
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK ST SPOKANE, WA 99205	91-1307272	501C3	30,000				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
TREEHOUSE 2100 24TH AVE S STE 200 SEATTLE, WA 98144	91-1425676	501C3	15,000				Targeted improvements in education attainment, health, or financial stability
YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501C3	56,000				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
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501C3	151,500				Targeted improvements in education attainment, health, or financial stability
CATHOLIC CHARITIES EASTERN WASHINGTON PO BOX 516 Spokane, WA 99210	91-0569880	501C3	30,611				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
HABITAT FOR HUMANITY - SPOKANE P O BOX 4130 SPOKANE, WA 99202	94-3066722	501C3	5,430				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	7,576				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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HUTTON SETTLEMENT INC 422 W RIVERSIDE 931 Spokane, WA 99201	91-0564969	501C3	5,001				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization
INNOVIA FOUNDATION 421 W RIVERSIDE 606 SPOKANE, WA 99201	91-0941053	501C3	15,564				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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ISAAC FOUNDATION PO BOX 19202 SPOKANE, WA 99219	39-2061069	501C3	6,898				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization
JOYA CHILD AND FAMILY DEVELOPMENT 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	10,922				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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MOBIUS SPOKANE 808 W MAIN AVE LL015 SPOKANE, WA 99201	91-1694299	501C3	5,001				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	17,065				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.							
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PRIEST LAKE MEMORIAL GARDENS PO Box 32 COOLIN, ID 83821	47-1713344	501C3	6,000				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization
ROTARY COMMUNITY SERVICE INC PO BOX 1117 SPOKANE, WA 99210	91-6054990	501C3	11,000				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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SALVATION ARMY - SPOKANE CORPS 204 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	7,971				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99201	23-7173826	501C3	29,823				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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UNION GOSPEL MISSION ASSOCIATION OF SPOKANE PO BOX 4066 SPOKANE, WA 99202	91-0613587	501C3	11,743				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization
VANESSA BEHAN CRISIS NURSERY 1004 E EIGHTH AVE SPOKANE, WA 99202	91-1199575		5,583				Donor Designated Gift. Spokane County serves as an agent for donors that designate all or part of their gift to a qualified 501c3 organization

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YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501C3	5,519				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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

91-0606058

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 19	The Organization was granted a \$223,000 loan under the PPP administered by a Small Business Administration (SBA) approved partner. The loan is uncollateralized and is fully guaranteed by the federal government. The Organization is eligible for loan forgiveness of up to 100% of the loan, upon meeting certain requirements. The Organization has initially recorded the loan as a note payable and will record the forgiveness in accordance with guidance for conditional contributions when there is no longer a measurable performance or other barriers and a right of return of the PPP loan. Proceeds from the loan are eligible for forgiveness if they are used for certain qualifying expenses. No contribution revenue has been recorded for the year ended June 30, 2020. As of January 14, 2021 the organization was notified that the entire loan plus accrued interest was fully forgiven by the SBA and the loan with the bank reflects a \$0 balance.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 2	<p>The Anchor Community Initiative is a project to end youth and young adult homelessness in four communities across Washington State by the end of 2022. Spokane County United Way partners with A Way Home Washington to help participating communities improve their data collection methods, advocate for legislative change, develop partnerships with systems and service providers, and implement projects that improve access to services and lead to equitable outcomes for all young people. Our approach is modeled after Build for Zero, a framework that has ended chronic and veteran homelessness in communities across the county. In collaboration with the Youth Advisory Board, the Spokane ACI was the first ACI to launch an improvement project that included cross-agency collaboration and resource sharing. This project was led by young people with lived experience and implemented by a team of service providers</p>

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 Corporation provide for members, the members of this Corporation shall be of those persons serving as directors of this Corporation". The sole rights of the members shall be to elect persons to serve as directors. The board of directors will consist of between 25 and 35 elected 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 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 the Governing Board receives a copy.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	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 February 2020.

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.