

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SPOKANE COUNTY		D Employer identification number 91-0606058
	Doing business as SPOKANE COUNTY UNITED WAY		E Telephone number 509-838-6581
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 920 N WASHINGTON STE 100	G Gross receipts \$ 3,807,822.	
	City or town, state or province, country, and ZIP or foreign postal code SPOKANE, WA 99201		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: TIM HENKEL SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UNITEDWAYSPOKANE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1953	M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CREATING MEASURABLE RESULTS THAT IMPROVE PEOPLE'S LIVES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 27
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 32
	6 Total number of volunteers (estimate if necessary) 6 673
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,784,235. Prior Year 3,692,444. Current Year
	9 Program service revenue (Part VIII, line 2g) 23,015. 74,826.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53,889. 40,552.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55,794. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,916,933. 3,807,822.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,399,512. 2,122,996.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,135,847. 1,055,117.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 364,562.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 583,078. 567,360.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,118,437. 3,745,473.
19 Revenue less expenses. Subtract line 18 from line 12 798,496. 62,349.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 3,290,829. Beginning of Current Year 3,170,421. End of Year
	21 Total liabilities (Part X, line 26) 490,154. 301,724.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,800,675. 2,868,697.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TIM HENKEL, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT M. LAPLANT	Preparer's signature SCOTT M. LAPLANT	Date 01/22/19	Check if self-employed <input type="checkbox"/>	PTIN P00975891
	Firm's name ▶ EIDE BAILLY LLP	Firm's address ▶ 999 W. RIVERSIDE AVE, STE 101 SPOKANE, WA 99201-1005	Firm's EIN ▶ 45-0250958	Phone no. 509-747-6154	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 790,029. including grants of \$ 790,029.) (Revenue \$) 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.

4b (Code:) (Expenses \$ 434,700. including grants of \$ 423,400.) (Revenue \$) EDUCATION: FUNDING IS PROVIDED PRIMARILY TO LOCAL IMPACT PARTNERS AS PART OF THE ORGANIZATION'S GOAL OF CUTTING EDUCATIONAL ACHIEVEMENT GAPS IN HALF, FOCUSING RESOURCES ON CHILDREN AND YOUTH WHO ARE LOW-INCOME, RACIAL/ETHNIC MINORITIES, AND/OR HAVE SPECIAL NEEDS. TO THAT END, SPOKANE COUNTY UNITED WAY PROVIDED GRANTS TO ORGANIZATIONS THAT SUPPORT KINDERGARTEN READINESS AND SUCCESS IN SCHOOL (K-12). 185 CHILDREN AGES BIRTH TO 3 BENEFITED FROM EARLY INTERVENTION SERVICES TO RESPOND TO DEVELOPMENTAL DELAYS OR FAMILY CHALLENGES; 95% OF PARENTS SURVEYED REPORTED THAT THESE PROGRAMS HELPED THEM DEVELOP SKILLS TO BETTER SUPPORT THEIR CHILDREN. 131 PRIMARILY LOW-INCOME CHILDREN WERE ABLE TO ACCESS HIGH QUALITY EARLY LEARNING PROGRAMS TO HELP PREPARE THEM FOR KINDERGARTEN. EIGHT PROGRAMS RECEIVED GRANTS TO ENABLE THEM TO PROVIDE

4c (Code:) (Expenses \$ 514,462. including grants of \$ 507,400.) (Revenue \$) HEALTH: FUNDING IS PROVIDED TO NONPROFIT PARTNERS AS PART OF THE ORGANIZATION'S GOAL OF INCREASING INDIVIDUAL AND FAMILY SAFETY AND WELLNESS. TO THAT END, SPOKANE COUNTY UNITED WAY PROVIDES FINANCIAL SUPPORT TO ORGANIZATIONS THAT FOCUS ON PREVENTING OR MITIGATING THE IMPACT OF CHILD ABUSE, CHILD NEGLECT, DOMESTIC VIOLENCE, MENTAL ILLNESS AND SUBSTANCE ABUSE. 189 YOUTH RECEIVED MENTAL HEALTH AND OTHER SERVICES FOCUSED ON YOUTH IN FOSTER CARE; 86% OF THOSE WHO PARTICIPATED IN 8 OR MORE SESSIONS REPORTED STABILITY OR IMPROVEMENT. 269 CHILDREN IN FOSTER CARE BENEFITED FROM SUPERVISED VISITATION WITH THEIR PARENTS; 60% OF FAMILIES PARTICIPATING IN THIS SERVICE WERE ABLE TO BE REUNITED. 232 STUDENTS IN A LOCAL SCHOOL DISTRICT RECEIVED OUT-PATIENT MENTAL HEALTH THERAPY AND CARE COORDINATION SERVICES THROUGH A PARTNERSHIP

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

4e Total program service expenses 2,910,018.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
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>		X
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.		
	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
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		X

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 509-838-6581**
920 N WASHINGTON STE 100, SPOKANE, WA 99201

Part VII 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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) SHELLEY REDINGER, PH.D. BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) PAUL READ CHAIR-ELECT	1.00	X		X				0.	0.	0.
(3) WENDY NEWMAN TREASURER	1.00	X		X				0.	0.	0.
(4) STACEY COWLES CAMPAIGN CHAIR	1.00	X						0.	0.	0.
(5) ALISHA BENSON DIRECTOR	1.00	X						0.	0.	0.
(6) SHELLY COLOMB DIRECTOR	1.00	X						0.	0.	0.
(7) SHAWN DAVIS DIRECTOR	1.00	X						0.	0.	0.
(8) DELORES DUQUETTE DIRECTOR	1.00	X						0.	0.	0.
(9) KIM FERRARO DIRECTOR	1.00	X						0.	0.	0.
(10) MICHELLE GRABICKI DIRECTOR	1.00	X						0.	0.	0.
(11) RONDA KENNEY DIRECTOR	1.00	X						0.	0.	0.
(12) ROB LARSON DIRECTOR	1.00	X						0.	0.	0.
(13) THOMAS LEIGHTY DIRECTOR	1.00	X						0.	0.	0.
(14) ROB MCCANN DIRECTOR	1.00	X						0.	0.	0.
(15) JONATHON MALLAHAN DIRECTOR	1.00	X						0.	0.	0.
(16) TOM MESSICK DIRECTOR	1.00	X						0.	0.	0.
(17) LONNIE MITCHELL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MARCELO MORALES DIRECTOR	1.00	X						0.	0.	0.
(19) SUSAN NELSON DIRECTOR	1.00	X						0.	0.	0.
(20) TIMM ORMSBY DIRECTOR	1.00	X						0.	0.	0.
(21) NICK PIERRE DIRECTOR	1.00	X						0.	0.	0.
(22) JAN SCHMIDLKOFER DIRECTOR	1.00	X						0.	0.	0.
(23) BRENDA STEVENSON-MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(24) SHELBY STOKOE DIRECTOR	1.00	X						0.	0.	0.
(25) CHRISTINE VARELA DIRECTOR	1.00	X						0.	0.	0.
(26) FRANCISCO VELAZQUES, MD DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								191,012.	0.	20,741.
d Total (add lines 1b and 1c)								191,012.	0.	20,741.

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>		X
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>		X
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	22,199.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,670,245.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			3,692,444.			
	Program Service Revenue	2 a PROCESSING FEES ON DES	Business Code	541611	48,901.	48,901.	
b AMERICORPS VISTA			541611	21,925.	21,925.		
c SCHOOL'S OUT WASHINGTO			541611	4,000.	4,000.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				74,826.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			28,354.		28,354.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,198.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		12,198.			
	d Net gain or (loss)			12,198.		12,198.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			3,807,822.	74,826.	0.	40,552.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	485,774.	1	390,632.
	2 Savings and temporary cash investments	973,317.	2	1,215,155.
	3 Pledges and grants receivable, net	1,359,169.	3	1,118,422.
	4 Accounts receivable, net	17,916.	4	11,754.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,884.	9	68,339.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,541.		
	b Less: accumulated depreciation	10b 194,430.	45,571.	10c 27,111.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	330,198.	15	339,008.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,290,829.	16	3,170,421.	
Liabilities	17 Accounts payable and accrued expenses	95,302.	17	99,594.
	18 Grants payable	385,961.	18	202,130.
	19 Deferred revenue	8,891.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	490,154.	26	301,724.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,078,771.	27	1,358,715.
	28 Temporarily restricted net assets	1,721,904.	28	1,509,982.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,800,675.	33	2,868,697.	
34 Total liabilities and net assets/fund balances	3,290,829.	34	3,170,421.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,807,822.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,745,473.
3	Revenue less expenses. Subtract line 2 from line 1	3	62,349.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,800,675.
5	Net unrealized gains (losses) on investments	5	5,673.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,868,697.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4770936.	4354129.	4388322.	4784236.	3692444.	21990067.
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	4770936.	4354129.	4388322.	4784236.	3692444.	21990067.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						132,512.
6 Public support. Subtract line 5 from line 4.						21857555.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4770936.	4354129.	4388322.	4784236.	3692444.	21990067.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,939.	0.	5,860.	54,174.	28,354.	134,327.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						22124394.
12 Gross receipts from related activities, etc. (see instructions)					12	352,317.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.79 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.88 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI.		

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? 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.		
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? 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.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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.	Yes	No
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? 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.		
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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

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.

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

2017

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a 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 Tax 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?

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)?

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

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on Part XIII

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

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

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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	3,018,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,673.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	5,673.
3	Subtract line 2e from line 1		3	3,012,796.
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	4,997.	
b	Other (Describe in Part XIII.)	4b	790,029.	
c	Add lines 4a and 4b		4c	795,026.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,807,822.

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	2,950,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,950,448.
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	4,997.	
b	Other (Describe in Part XIII.)	4b	790,029.	
c	Add lines 4a and 4b		4c	795,026.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,745,474.

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.

PART V, LINE 4:

THE ENDOWMENT FUND OF UNITED WAY OF SPOKANE COUNTY IS ADMINISTERED BY INNOVIA FOUNDATION. THE FUND IS ADMINISTERED TO ENSURE GROWTH INTO PERPETUITY, WHILE MAKING DISTRIBUTIONS AVAILABLE ON AN ANNUAL BASIS FOR THE PURPOSES OF FINANCING THE MISSION OF UNITED WAY.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS

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.

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (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
YFA CONNECTIONS PO BOX 3344 SPOKANE, WA 99220	23-7049675	501C3	54,350.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501C3	23,250.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY - 905 W RIVERSIDE AVE STE 301 - SPOKANE, WA 99201	26-1581358	501C3	52,800.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501C3	32,600.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SPOKANE AREA WORKFORCE DEVELOPMENT COUNCIL - 2000 N GREENE ST MSC 2158 - SPOKANE, WA 99217	46-0684743	501C3	15,500.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
47066 - AMERICAN RED CROSS SERVING THE GREATER INLAND NORTHW - 315 W NORA AVE - SPOKANE, WA 99205	53-0196605	501C3	33,250.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **46.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCASL GONZAGA UNIVERSITY HEMMINGSON CTR, STE 206 SPOKANE, WA 99258-2472	91-0236600	501C3	11,000.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501C3	167,700.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
BOY SCOUTS - 611 INLAND NORTHWEST COUNCIL - 411 W BOY SCOUT WAY - SPOKANE, WA 99201-2243	91-0567262	501C3	36,650.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
CAMP FIRE USA INLAND NORTHWEST COUNCIL - 524 N MULLAN - SPOKANE VALLEY, WA 99206	91-0567727	501C3	14,400.	0.			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	12,850.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
CHILDREN'S HOME SOCIETY OF WA PO BOX 15109 SEATTLE, WA 98115-0190	91-0575955	501C3	27,600.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
THE ARC - SPOKANE 320 E SECOND AVE SPOKANE, WA 99202-1402	91-0716160	501C3	22,400.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
AMERICAN INDIAN COMMUNITY CENTER ASSOC - 610 E NORTH FOOTHILLS DR - SPOKANE, WA 99207	91-0822523	501C3	22,200.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201	91-0827958	501C3	60,300.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION ST SPOKANE, WA 99216	91-0853801	501C3	172,900.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SPO GUILDS' SCHOOL/NEURO CTR. 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	35,800.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
MARTIN LUTHER KING JR. FAMILY OUTREACH CENTER - 845 S SHERMAN AVE - SPOKANE, WA 99202	91-0912823	501C3	88,050.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
DAYBREAK YOUTH SERVICES 960 E 3RD AVE SPOKANE, WA 99202	91-1083936	501C3	16,450.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
EXCELSIOR YOUTH CENTER 3754 W INDIAN TRIAL RD SPOKANE, WA 99208-4736	91-1189908	501C3	31,400.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SPOKANE NEIGHBORHOOD ACTION PARTNERS - 3102 W FORT GEORGE WRIGHT DRIVE - SPOKANE, WA 99224	91-1311127	501C3	58,250.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
COMMUNITY MINDED ENTERPRISES PO BOX 48150 SPOKANE, WA 99228	91-1764236	501C3	21,198.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
BOYS & GIRLS CLUB OF SPOKANE COUNTY - 544 E PROVIDENCE AVE - SPOKANE, WA 99207	91-1983357	501C3	40,000.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
ODYSSEY YOUTH MOVEMENT 1121 S PERRY ST SPOKANE, WA 99202	91-2045932	501C3	44,300.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE PRINTS FOR LEARNING 35 W MAIN ST SUITE 280 E SPOKANE, WA 99201	91-2160074	501C3	10,000.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SPOKANE PUBLIC SCHOOLS 200 N BERNARD ST SPOKANE, WA 99201	91-6001582		17,000.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
LUTHERAN COMMUNITY SERVICES NW 210 W SPRAGUE AVE SPOKANE, WA 99201-3816	93-0386860	501C3	93,050.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SALVATION ARMY - SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	77,550.	0.			TARGETED IMPROVEMENTS IN EDUCATION ATTAINMENT, HEALTH, OR FINANCIAL STABILITY
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT ST SPOKANE, WA 99202	23-7173826	501C3	16,140.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY - 905 W RIVERSIDE AVE STE 301 - SPOKANE, WA 99201	26-1581358	501C3	5,352.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
AMERICAN RED CROSS SERVING THE GREATER INLAND NORTHW - 315 W NORA AVE - SPOKANE, WA 99205	53-0196605	501C3	5,060.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
GONZAGA PREPRATORY SCHOOL 1224 E EUCLID SPOKANE, WA 99207	53-0196617	501C3	5,546.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
YWCA 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501C3	6,407.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CATHOLIC CHARITIES PO BOX 2253 SPOKANE, WA 99210-2253	91-0569880	501C3	42,145.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
UNION GOSPEL MISSION ASSOCIATION OF SPOKANE - P O BOX 4066 - SPOKANE, WA 99202-4066	91-0613587	501C3	12,335.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
SPO GUILDS' SCHOOL/NEURO CTR. 2118 W GARLAND AVE SPOKANE, WA 99205	91-0863163	501C3	9,978.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
INWCF - SPOKANE COUNTY UNITED WAY ENDOWMENT FUND - 421 W RIVERSIDE AVE STE 606 - SPOKANE, WA 99201-0405	91-0941053	501C3	12,431.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210	91-0995069	501C3	12,593.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
VANESSA BEHAN CRISIS NURSERY 1004 E EIGHTH AVE SPOKANE, WA 99202	91-1199575	501C3	13,804.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
SPOKANE NEIGHBORHOOD ACTION PARTNERS - 3102 W FORT GEORGE WRIGHT DRIVE - SPOKANE, WA 99224	91-1311127	501C3	15,325.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
WOMENS & CHILDRENS FREE RESTAURANT 1408 N WASHINGTON ST SPOKANE, WA 99201	91-1399742	501C3	7,026.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
MOBIUS SPOKANE 808 W MAIN AVE LL015 SPOKANE, WA 99201	91-1694299	501C3	8,500.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF SPOKANE COUNTY - 544 E PROVIDENCE AVE - SPOKANE, WA 99207	91-1983357	501C3	9,045.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO - 1117 TIETON DRIVE - YAKIMA, WA 98902	91-6071384	501C3	13,476.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
LUTHERAN COMMUNITY SERVICES NW 210 W SPRAGUE AVE SPOKANE, WA 99201-3816	93-0386860	501C3	9,221.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF
SALVATION ARMY - SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347	501C3	13,778.	0.			DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SECOND HARVEST INLAND NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

Part IV Supplemental Information

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF SPOKANE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS SERVING THE GREATER INLAND NORTHW

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: GONZAGA PREPRATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: YWCA

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

Part IV Supplemental Information

GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT:

UNION GOSPEL MISSION ASSOCIATION OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: SPO GUILDS' SCHOOL/NEURO CTR.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT:

INWCF - SPOKANE COUNTY UNITED WAY ENDOWMENT FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: VANESSA BEHAN CRISIS NURSERY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR

GIFT TO A QUALIFIED 501C3 ORGANIZATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE NEIGHBORHOOD ACTION PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: WOMENS & CHILDRENS FREE RESTAURANT

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: MOBIUS SPOKANE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF SPOKANE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF GREATER WASHINGTON & NORTH IDAHO

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE

COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN COMMUNITY SERVICES NW

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SPOKANE CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED GIFT. SPOKANE COUNTY SERVES AS AN AGENT FOR DONORS THAT DESIGNATE ALL OR PART OF THEIR GIFT TO A QUALIFIED 501C3 ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91-0606058

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POVERTY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SPOKANE COUNTY UNITED WAY PILOTED A NEW PARTNERSHIP WITH THE EASTERN

WASHINGTON UNIVERSITY SCHOOL OF SOCIAL WORK IN SEPTEMBER 2017. IT

PAIRED TEAMS OF MASTERS-LEVEL SOCIAL WORK STUDENTS WITH 7 OF OUR

NONPROFIT PARTNERS TO ASSIST WITH AGENCY PROFESSIONAL DEVELOPMENT,

DEVELOPMENT OF A LOGIC MODEL FOR EACH PROGRAM, AND AN ASSESSMENT OF AN

ASPECT OF PROGRAM SERVICES. THIS PARTNERSHIP WILL BE CONTINUED IN

2018.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN THE PRIOR YEAR, SPOKANE COUNTY UNITED WAY STAFFED THE YOUTH PROGRAM

QUALITY INITIATIVE IN SPOKANE COUNTY. THEY STILL PARTNER WITH SCHOOLS'

OUT WASHINGTON TO SUPPORT THIS INITIATIVE, BUT IT IS NOW STAFFED BY

SCHOOLS' OUT WASHINGTON AND NO LONGER REPRESENTS A SIGNIFICANT

INVESTMENT OF ORGANIZATIONAL TIME AND RESOURCES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OUT-OF-SCHOOL-TIME SUPPORTS TO OVER 1,000 ELEMENTARY AND MIDDLE SCHOOL

YOUTH IN SPOKANE. THESE INVESTMENTS ENABLED 84 LOW-INCOME YOUTH TO

PARTICIPATE IN SCOUTING PROGRAMS, 92 TO HAVE OUTDOOR ENRICHMENT

EXPERIENCES AT SUMMER DAY CAMP, 393 TO HAVE AN ADULT MENTOR, 404 TO

RECEIVE CASE MANAGEMENT AND OTHER SUPPORTS TO HELP THEM STAY ON TRACK

IN MIDDLE SCHOOL, AND 64 TO BENEFIT FROM ENRICHMENT ACTIVITIES IN AN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization UNITED WAY OF SPOKANE COUNTY	Employer identification number 91-0606058
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AFTER-SCHOOL PROGRAM; DEPENDING ON THE PROGRAM AND INTERVENTION, BETWEEN 69% AND 90% OF YOUTH WHO PARTICIPATED ACTIVELY IN THESE SERVICES IMPROVED THEIR ACADEMIC PERFORMANCE. 254 STAFF FROM TWO LOCAL SCHOOL DISTRICTS RECEIVED TRAINING ON HOW TO CREATE SAFE, SUPPORTIVE SCHOOL ENVIRONMENTS FOR LGBTQ YOUTH, WHICH RESULTED IN AN IMPROVEMENT IN SCHOOL DISTRICT POLICIES AND PRACTICES; 92% OF ATTENDEES REPORTED THAT THE TRAINING CONTENT WAS HIGHLY RELEVANT TO THEIR WORK AND THAT THEY WOULD USE THE INFORMATION WITHIN THE NEXT 30 DAYS. 23 STAFF FROM A DUAL-LANGUAGE ENGLISH AND SALISH SCHOOL ATTENDED 200 HOURS OF SALISH CLASSES AND 100% IMPROVED THEIR SALISH LANGUAGE PROFICIENCY. IN ADDITION TO SUPPORTING THESE PROGRAMS, SPOKANE COUNTY UNITED WAY DISTRIBUTED OVER 9,000 KINDERGARTEN READINESS WALL CALENDARS TO FAMILIES WITH YOUNG CHILDREN. THE ORGANIZATION PARTNERED WITH SPOKANE PUBLIC SCHOOLS TO CONVENE REGULAR MEETINGS OF THE SCHOOL COMMUNITY PARTNERSHIP COMMITTEE TO IMPROVE PLANNING AND COLLABORATION BETWEEN THE SCHOOL DISTRICT AND MORE THAN 40 OUT-OF-SCHOOL-TIME PROGRAMS. UNITED WAY ALSO PARTNERED WITH SCHOOLS OUT WASHINGTON TO PROVIDE ACCESS TO TRAINING ON YOUTH PROGRAM QUALITY ASSESSMENT TOOLS TO LOCAL YOUTH DEVELOPMENT PROVIDERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: BETWEEN THE SCHOOL DISTRICT AND A BEHAVIORAL HEALTH PROVIDER SUPPORTED BY UNITED WAY FUNDS; 67% OF YOUTH WHO WERE RECEIVING ASSISTANCE BECAUSE OF ADVERSE CHILDHOOD EXPERIENCES HAD A SIGNIFICANT REDUCTION IN TRAUMA-RELATED SYMPTOMS. 60 BEREAVED YOUTH PARTICIPATED IN INDIVIDUAL COUNSELING AND PEER SUPPORT GROUPS TO HELP THEM COPE WITH THE DEATH OF A FAMILY MEMBER. 153 MIDDLE AND HIGH SCHOOL AGE YOUTH RECEIVED OUTPATIENT SUBSTANCE ABUSE TREATMENT; 85% ACHIEVED PASSING GRADES IN

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91-0606058

SCHOOL. 860 AT-RISK OR HOMELESS YOUTH WERE CONTACTED THROUGH STREET OUTREACH AND OTHER SERVICES; 327 YOUTH WERE ABLE TO BE SHELTERED OFF THE STREET AND AN ADDITIONAL 76 WERE REFERRED FOR LONG-TERM HOUSING AND OTHER SUPPORTS. THERE WERE 3,067 CALLS TO A LOCAL CRISIS LINE SERVING VICTIMS OF SEXUAL ASSAULT AND OTHER CRIMES; 34% OF CLIENTS RECEIVED ADVOCACY SERVICES TO NAVIGATE SYSTEMS AND FIND RESOURCES AND 788 RECEIVED OUTPATIENT THERAPY SERVICES; 91% WHO WERE SEEN AT LEAST 8 TIMES SHOWED IMPROVEMENT. 581 VICTIMS OF DOMESTIC VIOLENCE RECEIVED HOLISTIC COUNSELING SERVICES AND 91 YOUTH WHO WERE IMPACTED BY DOMESTIC VIOLENCE RECEIVED INDIVIDUAL COUNSELING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCIAL STABILITY: FUNDING IS PROVIDED TO LOCAL IMPACT PARTNERS TO SUPPORT THE ORGANIZATION'S GOAL OF REDUCING THE PREVALENCE AND IMPACT OF POVERTY IN SPOKANE COUNTY. THE AREAS OF STRATEGIC FOCUS ARE CRISIS INTERVENTION, ACCESS TO EMPLOYMENT, ACCESS TO HOUSING AND RESOURCES TO BUILD HOUSEHOLD ASSETS. 6,099 INDIVIDUALS RECEIVED ASSISTANCE IN A CRISIS, INCLUDING FINANCIAL ASSISTANCE TO PAY A RENT OR UTILITY BILL, HELP ACCESSING NUTRITIOUS FOOD, AND ASSISTANCE AFTER A HOUSE FIRE.

MORE THAN 94,000 UNDUPLICATED CLIENTS, INCLUDING ALMOST 33,000 CHILDREN, BENEFITED FROM ACCESS TO FOOD ASSISTANCE IN THEIR LOCAL NEIGHBORHOODS DURING THE PROGRAM YEAR; FOOD BANK CLIENTS RECEIVED ON AVERAGE 34 POUNDS OF FOOD, WHICH WAS VALUED AT AN AVERAGE OF \$57 PER HOUSEHOLD MEMBER. 117 HOMELESS FAMILIES WHO CONTACTED A LOCAL COMMUNITY CENTER RECEIVED FOOD, BLANKETS, WARM CLOTHING, BUS PASSES AND REFERRALS TO LOCAL SHELTERS; 18% OF THEM WERE ABLE TO RECEIVE SHELTER. ANOTHER HOUSING PROGRAM SHELTERED 95 FAMILIES IN TRANSITIONAL HOUSING; 80% OF HOUSEHOLDS WHO EXITED THE PROGRAM HAD STABLE HOUSING. 57

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91-0606058

DEVELOPMENTALLY DISABLED ADULTS RECEIVED HELP TO MANAGE A CRISIS RELATED TO HOUSING, INCOME OR SOCIAL SUPPORTS; A TOTAL OF 123 ISSUES WERE ADDRESSED, 71% OF WHICH WERE RESOLVED TO THE CLIENT'S SATISFACTION. 922 ECONOMICALLY DISADVANTAGED WOMEN RECEIVED COUNSELING AND SERVICES TO HELP THEM PREPARE TO ENTER THE WORKFORCE; 774 HAD THEIR JOB SEARCH AND/OR WORK CLOTHING NEEDS MET; 98% OF WOMEN WHO RECEIVED SERVICES SELF-REPORTED AN INCREASE IN CONFIDENCE; 51% OF WOMEN WHO PARTICIPATED IN A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM EXITED TO EMPLOYMENT. 571 PEOPLE COMPLETED HOME BUYER CLASSES, 120 HOUSEHOLDS PARTICIPATED IN INDIVIDUAL PRE-PURCHASE COUNSELING, 16% OF WHOM PURCHASED THEIR FIRST HOME. 271 HOUSEHOLDS COMPLETED A MORTGAGE DEFAULT/FORECLOSURE PREVENTION COUNSELING PROGRAM, 69% OF WHOM WERE ABLE TO SAVE THEIR HOME FROM FORECLOSURE. 483 PEOPLE ATTENDED RECEIVED SMALL BUSINESS COUNSELING; 16% OF WHOM WERE ABLE TO START OR EXPAND A BUSINESS DURING THE PROGRAM YEAR. IN ADDITION, SPOKANE COUNTY UNITED WAY HOSTED A FREE TAX PREPARATION SITE, STAFFED BY 96 VOLUNTEERS WHO PREPARED AND FILED TAX RETURNS FOR 866 HOUSEHOLDS; COLLECTIVELY THESE HOUSEHOLDS RECEIVED A TOTAL OF \$1.2 MILLION IN RETURNS. EXPENSES \$ 357,727. INCLUDING GRANTS OF \$ 273,700. REVENUE \$ 0.

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

Name of the organization

UNITED WAY OF SPOKANE COUNTY

Employer identification number

91-0606058

THESE REFERRALS WERE HELPFUL.

EXPENSES \$ 248,255. INCLUDING GRANTS OF \$ 104,087. REVENUE \$ 0.

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

EXPENSES \$ 270,925. INCLUDING GRANTS OF \$ 11,212. REVENUE \$ 0.

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

EXPENSES \$ 244,077. INCLUDING GRANTS OF \$ 10,040. REVENUE \$ 0.

Name of the organization UNITED WAY OF SPOKANE COUNTY	Employer identification number 91-0606058
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YOUTH PROGRAM QUALITY: ONE OF THE ORGANIZATION'S STRATEGIES TO IMPROVE EDUCATION OUTCOMES FOR YOUTH IS TO ENSURE THAT THEY HAVE ACCESS TO HIGH QUALITY OUT-OF-SCHOOL-TIME PROGRAMS. THE ORGANIZATION PROVIDES LEADERSHIP AND COORDINATION TO A COUNTY-WIDE EFFORT TO INTEGRATE BEST PRACTICES INTO LOCAL YOUTH PROGRAMS. IN THAT CAPACITY, SPOKANE COUNTY UNITED WAY PARTNERED WITH A STATEWIDE YOUTH ORGANIZATION AND THE UNIVERSITY OF WASHINGTON TO RESEARCH WHETHER A COMBINATION OF STAFF TRAINING, COACHING AND ASSESSMENTS RESULTED IN MEASURABLE IMPROVEMENTS TO PROGRAM QUALITY AND YOUTH OUTCOMES. EIGHT LOCAL YOUTH DEVELOPMENT ORGANIZATIONS PARTICIPATED IN THIS PILOT AND TEN ADDITIONAL PROGRAMS RECEIVED TRAINING, COACHING AND MINI-GRANTS TO HELP THEM IMPROVE PROGRAM QUALITY.

EXPENSES \$ 12,395. INCLUDING GRANTS OF \$ 3,128. REVENUE \$ 0.

LABOR SERVICES: SPOKANE COUNTY UNITED WAY LABOR SERVICES WORKS WITH THE LABOR COMMUNITY TO EDUCATE INTERESTED MEMBERS ABOUT AVAILABLE HEALTH AND HUMAN CARE SERVICES, RECRUIT VOLUNTEERS FOR FOOD DRIVES, AND RECRUIT AND PLACE MEMBERS OF ORGANIZED LABOR WITH VOLUNTEER OPPORTUNITIES IN HUMAN AND HEALTH CARE ORGANIZATIONS.

EXPENSES \$ 37,448. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Name of the organization UNITED WAY OF SPOKANE COUNTY	Employer identification number 91-0606058
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BETWEEN 25 AND 35 ELECTED PERSONS.

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.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO THE ANNUAL FORM 990 BEING FILED, THE FINANCE AND ADMINISTRATION COMMITTEE OF THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE 990 FOR REVIEW, QUESTIONS AND COMMENTS DURING A SCHEDULED FINANCE COMMITTEE MEETING. ONCE THEY'VE REVIEWED AND PROVIDED ANY COMMENTS, THE REST OF GOVERNING BOARD RECEIVES A COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATIONAL LEADERSHIP, INCLUDING BOARD CHAIR AND PRESIDENT, DETERMINES PRIOR TO A BOARD OF DIRECTOR OR COMMITTEE VOTE AND RELATED DISCUSSION WHETHER THERE MAY BE A CONFLICT OF INTEREST WITH ANY MEMBER. THIS IS DONE PARTLY VIA A REVIEW OF KNOWN CONFLICTS OF INTEREST AS DISCLOSED IN AN ANNUAL SURVEY OF BOARD AND STAFF MEMBERS. IN ADDITION, MEMBERS ARE ASKED TO SELF-IDENTIFY POTENTIAL CONFLICTS AHEAD OF A DECISION MAKING PROCESS. VOLUNTEERS WITH A DECLARED CONFLICT OF INTEREST SHALL

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

FORM 990, PART VI, SECTION B, LINE 15A:

EVALUATION OF THE PERFORMANCE AND SALARY OF THE CEO IS DONE BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPARABLE SALARY DATA IS REVIEWED BY THE COMMITTEE, WITH THE COMMITTEE MEMBERS PROVIDING ITS RATIONALE FOR THEIR SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS FOR VOTE AT A REGULAR MEETING OF THE BOARD. THESE DELIBERATIONS ARE DOCUMENTED AND KEPT IN THE PERSONNEL FILE OF THE CEO. THE LAST REVIEW WAS COMPLETED IN MARCH 2018.

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.