

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 Doing business as Spokane County United Way Number and street (or P.O. box if mail is not delivered to street address) Room/suite 920 N Washington Ste 100 City or town, state or province, country, and ZIP or foreign postal code Spokane, WA 99201	D Employer identification number 91-0606058 E Telephone number 509-838-6581
F Name and address of principal officer: John Dickson same as C above		G Gross receipts \$ 2,802,582. 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 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

	1	Briefly describe the organization's mission or most significant activities: Creating measurable results that improve people's lives.		
Activities & Governance	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	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	1162
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,656,222.	Current Year 2,767,074.
	9	Program service revenue (Part VIII, line 2g)	72,229.	34,896.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,115.	612.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,832,566.	2,802,582.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,917,373.
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)	1,095,296.	1,067,941.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,864.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	400,555.	443,903.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,413,224.	3,175,676.	
19	Revenue less expenses. Subtract line 18 from line 12	419,342.	-373,094.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,101,889.	End of Year 2,681,328.
	21	Total liabilities (Part X, line 26)	218,356.	211,212.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,883,533.	2,470,116.

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 John Dickson, President, CEO & Secretary Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name Deb Nelson, CPA	Preparer's signature Deb Nelson, CPA	Date 05/15/23	Check if self-employed <input type="checkbox"/>	PTIN P01264758
	Firm's name ▶ Eide Bailly LLP	Firm's EIN ▶ 45-0250958			
	Firm's address ▶ 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033		Phone no. 612-253-6500		

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: The mission of Spokane County United Way is to mobilize our community resources to create measurable results that improve the lives of the people living in our community and advance the idea of the common good. (Continued on Schedule O)

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 557,158. including grants of \$ 557,158.) (Revenue \$ 34,896.) Donor Designated Gifts: Spokane County United Way runs a major fundraising program, the Workplace 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. The Organization collected and distributed \$557,158 related to this campaign during the fiscal year. The Organization charged and collected processing fees for administering donations in the amount of \$34,896 during the fiscal year.

4b (Code:) (Expenses \$ 385,500. including grants of \$ 385,500.) (Revenue \$) Education: Funding is provided primarily to local impact partners as part of the organizations 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. Spokane County United Way is involved in providing over 14,251 community members access to bilingual trail markers through Born Again Learning Trails and 7,400 children under the age of 5 access to 1 free book every month through the Dolly Parton Imagination Library Foundation.

4c (Code:) (Expenses \$ 363,500. including grants of \$ 363,500.) (Revenue \$) Health: Funding is provided to local impact partners for programs directed at improving the health and safety of families in Spokane County, WA. Spokane County United Way provides financial support to local organizations that focus on preventing or mitigating the impact of child abuse, child neglect, domestic violence, mental illness, and substance abuse.

4d Other program services (Describe on Schedule O.) (Expenses \$ 831,132. including grants of \$ 357,674.) (Revenue \$)

4e Total program service expenses 2,137,290.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (30), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on 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 Erin Buurkarl - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Tim Henkel - left mid-year President, CEO & Secretary	40.00			X				128,740.	0.	10,592.
(2) Amy Fanning Vice President- left mid-year	40.00			X				75,635.	0.	8,747.
(3) John Dickson - from mid-year President, CEO & Secretary	40.00			X				13,492.	0.	1,610.
(4) David Condon Chair Elect - started mid-year	2.00	X		X				0.	0.	0.
(5) Frank Velazquez Board Chair	2.00	X		X				0.	0.	0.
(6) Jason Thackston Treasurer	2.00	X		X				0.	0.	0.
(7) Wendy Newman Treasurer - left mid-year	2.00	X		X				0.	0.	0.
(8) Stacey Cowles Committee Chair	2.00	X						0.	0.	0.
(9) Larry Valadez Committee Chair	2.00	X						0.	0.	0.
(11) Yolanda Gallardo Committee Chair	2.00	X						0.	0.	0.
(11) Alisha Benson Campaign Co-Chair - left mid-year	2.00	X						0.	0.	0.
(12) Aileen Luppert Director	2.00	X						0.	0.	0.
(13) Tim Fitzgerald Committee Chair	2.00	X						0.	0.	0.
(14) Ann Gorman Director	2.00	X						0.	0.	0.
(15) Ben Small Director	2.00	X						0.	0.	0.
(16) Bryan White Director	2.00	X						0.	0.	0.
(17) Cara Beatty Director - started mid-year	2.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Charlotte Nemeo Director - started mid-year	2.00	X						0.	0.	0.
(19) Chris Preti Director	2.00	X						0.	0.	0.
(20) Deloris Duquette Director	2.00	X						0.	0.	0.
(21) Erin Williams-Hueter Director - started mid-year	2.00	X						0.	0.	0.
(22) Gary Klingsporn Director - started mid-year	2.00	X						0.	0.	0.
(23) Ken Brown Director - started mid-year	2.00	X						0.	0.	0.
(24) Ken Roberts Director	2.00	X						0.	0.	0.
(25) Kris Workman Director	2.00	X						0.	0.	0.
(26) Lisa Lewis Director - started mid-year	2.00	X						0.	0.	0.
1b Subtotal								217,867.	0.	20,949.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								217,867.	0.	20,949.

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, 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 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 (check all that apply)						(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			
(27) Lisa Sunderman Director - started mid-year	2.00	X						0.	0.	0.
(28) Matt Wetzel Director - started mid-year	2.00	X						0.	0.	0.
(29) Neal Boling Director	2.00	X						0.	0.	0.
(30) Nicole Jenkins-Rosenkrantz Director - started mid-year	2.00	X						0.	0.	0.
(31) Rev. Benjamin Watson Director - started mid-year	2.00	X						0.	0.	0.
(32) Ronda Kenney Director	2.00	X						0.	0.	0.
(33) Timm Ormsby Director	2.00	X						0.	0.	0.
(34) Traci McGlathery Director	2.00	X						0.	0.	0.
(35) Martin Hughes Director - left mid-year	2.00	X						0.	0.	0.
(36) Christine Varela Director - left mid-year	2.00	X						0.	0.	0.
(37) Emily Arneson Director - left mid-year	2.00	X						0.	0.	0.
(38) Michelle Grabicki Director - left mid-year	2.00	X						0.	0.	0.
(39) Paul Read Director - left mid-year	2.00	X						0.	0.	0.
(40) Shelby Stokoe Director - left mid-year	2.00	X						0.	0.	0.
(41) Lonnie Mitchell Director - left mid-year	2.00	X						0.	0.	0.
(42) Bob Larson Director - left mid-year	2.00	X						0.	0.	0.
(43) Thomas Leighty Director - left mid-year	2.00	X						0.	0.	0.
(44) Jan Schmidlkofer Campaign Co-Chair - left mid-year	2.00	X						0.	0.	0.
(45) Chrissy Davis-Jones Director - left mid-year	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	249,710.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,517,364.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,767,074.			
Program Service Revenue	2 a <u>Service Fees</u>	Business Code	541611	34,896.	34,896.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			34,896.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		612.			612.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,802,582.	34,896.	0.	612.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,663,832.	1,663,832.		
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	208,644.	78,413.	109,870.	20,361.
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	634,411.	238,425.	334,075.	61,911.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,090.	13,843.	28,513.	4,734.
9 Other employee benefits	109,555.	32,207.	66,336.	11,012.
10 Payroll taxes	68,241.	25,724.	35,963.	6,554.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,900.		13,900.	
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.)	50,036.	23,906.	24,537.	1,593.
12 Advertising and promotion	30,505.	14,843.	15,407.	255.
13 Office expenses	41,444.	11,089.	25,609.	4,746.
14 Information technology	58,799.	1,294.	57,505.	
15 Royalties				
16 Occupancy	116,107.		116,107.	
17 Travel	4,599.	4,041.	74.	484.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,291.	11,828.	3,480.	6,983.
20 Interest				
21 Payments to affiliates	53,720.		53,720.	
22 Depreciation, depletion, and amortization	2,613.		1,698.	915.
23 Insurance	8,853.		8,853.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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 _____	41,036.	17,845.	22,875.	316.
25 Total functional expenses. Add lines 1 through 24e	3,175,676.	2,137,290.	918,522.	119,864.
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	734,620.	1	422,801.
	2 Savings and temporary cash investments	1,238,696.	2	1,239,423.
	3 Pledges and grants receivable, net	684,473.	3	638,484.
	4 Accounts receivable, net	9,500.	4	11,919.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,805.	9	31,364.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 239,324.		
	b Less: accumulated depreciation	10b 224,037.	17,899.	10c 15,287.
	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	393,896.	15	322,050.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,101,889.	16	2,681,328.	
Liabilities	17 Accounts payable and accrued expenses	89,092.	17	132,259.
	18 Grants payable	129,264.	18	78,953.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	218,356.	26	211,212.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,855,235.	27	1,566,294.
	28 Net assets with donor restrictions	1,028,298.	28	903,822.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,883,533.	32	2,470,116.
	33 Total liabilities and net assets/fund balances	3,101,889.	33	2,681,328.

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	2,802,582.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,175,676.
3	Revenue less expenses. Subtract line 2 from line 1	3	-373,094.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,883,533.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	-40,323.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,470,116.

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **United Way of Spokane County** Employer identification number **91-0606058**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3692444.	3644120.	3320582.	3650222.	2767074.	17074442.
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	3692444.	3644120.	3320582.	3650222.	2767074.	17074442.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						17074442.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3692444.	3644120.	3320582.	3650222.	2767074.	17074442.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,354.	32,905.	19,768.	104,043.	612.	185,682.
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						17260124.
12 Gross receipts from related activities, etc. (see instructions)					12	109,722.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	98.92 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.76 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

United Way of Spokane County

Employer identification number

91-0606058

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization United Way of Spokane County	Employer identification number 91-0606058
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 69,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 98,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Way of Spokane County	Employer identification number 91-0606058
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization United Way of Spokane County	Employer identification number 91-0606058
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and reporting requirements (checkboxes for Yes/No).

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.

Form with sections 1a-1b and 2. 1a: Footnote for art collection; 1b: Amounts for art collection; 2: Amounts for art held for financial gain.

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 make 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 program
 - 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	937,741.	768,731.	803,856.	808,401.	791,933.
b Contributions	1,120.	900.	1,000.	1,100.	1,367.
c Net investment earnings, gains, and losses	-131,277.	209,700.	4,738.	34,997.	55,724.
d Grants or scholarships	31,523.	31,100.	30,730.	30,458.	30,486.
e Other expenditures for facilities and programs					
f Administrative expenses	10,908.	10,490.	10,133.	10,184.	10,137.
g End of year balance	765,153.	937,741.	768,731.	803,856.	808,401.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		45,202.	45,202.	0.
d Equipment		96,143.	86,543.	9,600.
e Other		97,979.	92,292.	5,687.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,287.

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 Foundation	322,050.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	322,050.

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 FASB 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	2,205,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-40,323.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-557,158.	
e	Add lines 2a through 2d	2e		-597,481.
3	Subtract line 2e from line 1	3		2,802,582.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,802,582.

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	2,618,518.
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		2,618,518.
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		
b	Other (Describe in Part XIII.)	4b	557,158.	
c	Add lines 4a and 4b	4c		557,158.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,175,676.

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 of Spokane County.

Part X, Line 2:

Management believes that the Organization has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and

Part XIII Supplemental Information *(continued)*

liabilities in income tax expense if such interest and penalties are incurred.

Part XI, Line 2d - Other Adjustments:

Donor Designated Gifts -557,158.

Part XII, Line 4b - Other Adjustments:

Donor Designated Gifts 557,158.

Schedule D, Part XI, Line 2d:

Donor Designated Gifts, for which United Way acts as an agent, are included on Form 990. This amount is presented on the audited financial statement as part of "Campaign results, net" but backed out to arrive at net campaign revenue.

Schedule D, Part XII, Line 4b:

Donor Designated Gifts, for which United Way acts as an agent, are included on Form 990. This amount is present on the audited financial statement as part of "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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
American Indian Community Center 1025 W. Indiana Avenue Spokane, WA 99205	91-0822523	501(c)(3)	21,021.	0.			\$21,000 in funds to support their programs related to financial stability for at risk
American Red Cross 315 W Nora Avenue Spokane, WA 99205	53-0196605	501(c)(3)	14,216.	0.			\$10,000 in funds to support their programs related to financial stability for at risk
Arc of Spokane 320 E 2nd Avenue Spokane, WA 99202	91-0716160	501(c)(3)	22,010.	0.			\$21,000 in funds to support their programs related to financial stability for at risk
Boys & Girls Clubs of Spokane County - 544 E Providence Avenue - Spokane, WA 99207	91-1983357	501(c)(3)	28,217.	0.			\$27,167 in funds to support their programs related to improving educational opportunities
Camp Fire Inland Northwest 409 N Argonne Spokane, WA 99206	91-0567727	501(c)(3)	14,810.	0.			\$13,500 in funds to support their programs related to improving educational opportunities
Catholic Charities Eastern Washington - 12 E 5th Ave - Spokane, WA 99202	20-2823241	501(c)(3)	16,777.	0.			Donor restricted funds designated to agency.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **38.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2021

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Home Society of Washington - 2323 N Discovery Place - Spokane Valley, WA 99216	91-0575955	501(c)(3)	26,000.	0.			Funds to support their programs related to improving educational opportunities for at risk
Communities In Schools of Spokane County - 905 W Riverside Avenue, Ste 301 - Spokane, WA 99201	26-1581358	501(c)(3)	27,428.	0.			\$25,000 in funds to support their programs related to improving educational opportunities
Community-Minded Enterprises PO Box 48150 Spokane, WA 99228	91-1764236	501(c)(3)	19,500.	0.			Funds to support their programs related to improving educational opportunities for at risk
Embrace Washington 2202 E Sprague Spokane, WA 99202	47-2048062	501(c)(3)	6,774.	0.			Donor restricted funds designated to agency.
Frontier Behavioral Health 107 S Division Street Spokane, WA 99202	91-0853801	501(c)(3)	164,241.	0.			\$162,500 in funds to support their programs related to improving the health for at risk
Fuse Innovation Fund 907 E 8th Avenue Spokane, WA 99202	87-0800705	501(c)(3)	15,000.	0.			Funds to support their programs related to improving the health for at risk individuals in
Girl Scouts of Eastern Washington and Northern Idaho - 1404 N Ash Street - Spokane, WA 99201	91-0570844	501(c)(3)	10,000.	0.			Funds to support their programs related to improving educational opportunities for at risk
Gonzaga University Center for Community Engagement - 502 E Boone Avenue - Spokane, WA 99258	91-0236600	501(c)(3)	27,167.	0.			Funds to support their programs related to improving educational opportunities for at risk
Habitat for Humanity - Spokane PO Box 4130 Spokane, WA 99202-0130	94-3066722	501(c)(3)	5,750.	0.			Donor restricted funds designated to agency.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Innovia Foundation 818 W. Riverside Avenue, Ste 650 Spokane, WA 99201	91-0941053	501(c)(3)	10,500.	0.			Donor restricted funds designated to agency.
INW Associated General Contractors 4935 E Trent Avenue Spokane, WA 99212	57-1162422	501(c)(3)	15,000.	0.			Funds to support their programs related to financial stability for at risk individuals in
Joya Child & Family Development 2118 W Garland Avenue Spokane, WA 99205	91-0863163	501(c)(3)	20,666.	0.			\$15,000 in funds to support their programs related to improving the health for at risk
Lutheran Community Services Northwest - 210 W Sprague Avenue - Spokane, WA 99201	93-0386860	501(c)(3)	75,295.	0.			\$75,000 in funds to support their programs related to improving the health for at risk
Martin Luther King Jr. Family Outreach Center - 845 S Sherman Street - Spokane, WA 99202	91-0912823	501(c)(3)	69,320.	0.			\$68,000 in funds to support their programs related to improving educational opportunities
Next Generation Zone 140 S. Arthur Street, Suite 300 Spokane, WA 99202	46-0684743	501(c)(3)	27,167.	0.			Funds to support their programs related to financial stability for at risk individuals in
Odyssey Youth Movement 1121 S Perry Street Spokane, WA 99202	91-2045932	501(c)(3)	15,906.	0.			\$15,000 in funds to support their programs related to improving educational opportunities
Planned Parenthood of Greater Washington & North Idaho - 1117 Tieton Drive - Yakima, WA 98902	91-6071384	501(c)(3)	13,008.	0.			Donor restricted funds designated to agency.
Refugee Connections Spokane 35 W Main Avenue, Ste 205 Spokane, WA 99201	90-0652201	501(c)(3)	15,000.	0.			Funds to support their programs related to financial stability for at risk individuals in

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salish School of Spokane 4125 N Maple Street Spokane, WA 99205	27-1126478	501(c)(3)	31,000.	0.			Funds to support their programs related to improving educational opportunities for at risk
SNAP and SNAP Financial Access 3102 W Whistalks Way Spokane, WA 99224	91-1311127	501(c)(3)	52,506.	0.			\$50,000 in funds to support their programs related to financial stability for at risk
Spokane Eastside Reunion Association - 3001 E 5th Avenue - Spokane, WA 99202	45-2464484	501(c)(3)	15,000.	0.			Funds to support their programs related to financial stability for at risk individuals in
Spokane Rotary Foundation 1020 W Riverside Ave Spokane, WA 99201	91-1663352	501(c)(3)	9,000.	0.			Donor restricted funds designated to agency.
Spokane Workforce Council 140 S Arthur St, Suite 300A Spokane, WA 99202	46-0684743	501(c)(3)	30,000.	0.			Funds to support their programs related to financial stability for at risk individuals in
TeamChild 1225 South Weller St., Ste 420 Seattle, WA 98144	91-1930194	501(c)(3)	10,000.	0.			Funds to support their programs related to improving educational opportunities for at risk
The Salvation Army 204 E Indiana Avenue Spokane, WA 99207	94-1156347	501(c)(3)	82,867.	0.			\$73,500 in funds to support their programs related to financial stability for at risk
Transitions 3128 N Hemlock Street Spokane, WA 99205	91-1307272	501(c)(3)	32,040.	0.			\$30,000 in funds to support their programs related to improving educational opportunities
Treehouse 2100 24th Avenue S, Ste 200 Seattle, WA 98144	91-1425676	501(c)(3)	15,000.	0.			Funds to support their programs related to improving educational opportunities for at risk

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Union Gospel Mission PO Box 4066 Spokane, WA 99202-4066	91-0613587	501(c)(3)	12,610.	0.			Donor restricted funds designated to agency.
United Way of King County 720 Second Avenue Seattle, WA 98104	91-0565555	501(c)(3)	5,650.	0.			Donor restricted funds designated to agency.
Vanessa Behan Crisis Nursery PO Box 826 Spokane, WA 99210	91-1625395	501(c)(3)	10,955.	0.			Donor restricted funds designated to agency.
YMCA of the Inland Northwest 1126 N Monroe Spokane, WA 99201	91-0827958	501(c)(3)	57,456.	0.			\$56,000 in funds to support their programs related to improving educational opportunities
YWCA Spokane 920 N Monroe Street Spokane, WA 99201	91-0565025	501(c)(3)	137,549.	0.			\$135,000 in funds to support their programs related to improving the health for at risk

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: American Indian Community Center

(h) Purpose of Grant or Assistance: \$21,000 in funds to support their

Part IV Supplemental Information

programs related to financial stability for at risk individuals in Spokane County. \$21 in donor restricted funds designated to agency.

Name of Organization or Government: American Red Cross

(h) Purpose of Grant or Assistance: \$10,000 in funds to support their programs related to financial stability for at risk individuals in Spokane County. \$4,216 in donor restricted funds designated to agency.

Name of Organization or Government: Arc of Spokane

(h) Purpose of Grant or Assistance: \$21,000 in funds to support their programs related to financial stability for at risk individuals in Spokane County. \$1,010 in donor restricted funds designated to agency.

Name of Organization or Government: Boys & Girls Clubs of Spokane County

(h) Purpose of Grant or Assistance: \$27,167 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$1,050 in donor restricted funds designated to agency.

Name of Organization or Government: Camp Fire Inland Northwest

(h) Purpose of Grant or Assistance: \$13,500 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$1,310 in donor restricted funds designated to agency.

Name of Organization or Government: Childrens Home Society of Washington

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in

Part IV Supplemental Information

Spokane County.

Name of Organization or Government:

Communities In Schools of Spokane County

(h) Purpose of Grant or Assistance: \$25,000 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$2,428 in donor restricted funds designated to agency.

Name of Organization or Government: Community-Minded Enterprises

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County.

Name of Organization or Government: Frontier Behavioral Health

(h) Purpose of Grant or Assistance: \$162,500 in funds to support their programs related to improving the health for at risk individuals in Spokane County. \$1,741 in donor restricted funds designated to agency.

Name of Organization or Government: Fuse Innovation Fund

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving the health for at risk individuals in Spokane County.

Name of Organization or Government:

Girl Scouts of Eastern Washington and Northern Idaho

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in

Part IV Supplemental Information

Spokane County.

Name of Organization or Government:

Gonzaga University Center for Community Engagement

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County.

Name of Organization or Government: INW Associated General Contractors

(h) Purpose of Grant or Assistance: Funds to support their programs related to financial stability for at risk individuals in Spokane County.

Name of Organization or Government: Joya Child & Family Development

(h) Purpose of Grant or Assistance: \$15,000 in funds to support their programs related to improving the health for at risk individuals in Spokane County. \$5,666 in donor restricted funds designated to agency.

Name of Organization or Government: Lutheran Community Services Northwest

(h) Purpose of Grant or Assistance: \$75,000 in funds to support their programs related to improving the health for at risk individuals in Spokane County. \$295 in donor restricted funds designated to agency.

Name of Organization or Government:

Martin Luther King Jr. Family Outreach Center

(h) Purpose of Grant or Assistance: \$68,000 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$1,320 in donor restricted funds designated to agency.

Part IV Supplemental Information

Name of Organization or Government: Next Generation Zone

(h) Purpose of Grant or Assistance: Funds to support their programs related to financial stability for at risk individuals in Spokane County.

Name of Organization or Government: Odyssey Youth Movement

(h) Purpose of Grant or Assistance: \$15,000 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$906 in donor restricted funds designated to agency.

Name of Organization or Government: Refugee Connections Spokane

(h) Purpose of Grant or Assistance: Funds to support their programs related to financial stability for at risk individuals in Spokane County.

Name of Organization or Government: Salish School of Spokane

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County.

Name of Organization or Government: SNAP and SNAP Financial Access

(h) Purpose of Grant or Assistance: \$50,000 in funds to support their programs related to financial stability for at risk individuals in Spokane County. \$2,506 in donor restricted funds designated to agency.

Name of Organization or Government: Spokane Eastside Reunion Association

(h) Purpose of Grant or Assistance: Funds to support their programs related to financial stability for at risk individuals in Spokane County.

Part IV Supplemental Information

Name of Organization or Government: Spokane Workforce Council

(h) Purpose of Grant or Assistance: Funds to support their programs related to financial stability for at risk individuals in Spokane County.

Name of Organization or Government: TeamChild

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County.

Name of Organization or Government: The Salvation Army

(h) Purpose of Grant or Assistance: \$73,500 in funds to support their programs related to financial stability for at risk individuals in Spokane County. \$9,367 in donor restricted funds designated to agency.

Name of Organization or Government: Transitions

(h) Purpose of Grant or Assistance: \$30,000 in funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County. \$2,040 in donor restricted funds designated to agency.

Name of Organization or Government: Treehouse

(h) Purpose of Grant or Assistance: Funds to support their programs related to improving educational opportunities for at risk individuals in Spokane County.

Name of Organization or Government: YMCA of the Inland Northwest

(h) Purpose of Grant or Assistance: \$56,000 in funds to support their

Part IV Supplemental Information

programs related to improving educational opportunities for at risk individuals in Spokane County. \$1,456 in donor restricted funds designated to agency.

Name of Organization or Government: YWCA Spokane

(h) Purpose of Grant or Assistance: \$135,000 in funds to support their programs related to improving the health for at risk individuals in Spokane County. \$2,549 in donor restricted funds designated to agency.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

Our vision is that Spokane County will be known for increasing health,
prosperity, and educational attainment for at risk community members,
and is a tool for breaking the local cycle of intergenerational
poverty.

Form 990, Part III, Line 4d, Other Program Services:

Financial Stability: Funding provided to community agencies and
community members for programs that support improving the financial
stability of low-income households in Spokane County, WA, especially
low-income families with children.

Expenses \$ 322,131. including grants of \$ 304,500. Revenue \$ 0.

Community Planning & Capacity: Staff participated in community
collaborations to improve cultural competency, reduce youth and family
homelessness, improve access to medical and dental services for
low-income populations, reduce the impact of adverse childhood
experiences, and improve the local early learning infrastructure.

Expenses \$ 76,279. including grants of \$ 0. Revenue \$ 0.

Excelerate Success: Excelerate Success addresses the impacts of racism,
particularly structural racism. The initiative seeks to build community
by promoting collaboration among Black, Indigenous, People of Color
(BIPOC) and white people in Spokane County as well as among people with
other marginalized identities. Excelerate Success has 3 core
strategies: racial affinity groups; trainings led by impacted

Name of the organization United Way of Spokane County	Employer identification number 91-0606058
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communities; and annual community learning events.

Expenses \$ 106,535. including grants of \$ 33,808. Revenue \$ 0.

Volunteer Services: The organization supports individual, group, and corporate volunteer engagement as a strategy to fulfill its mission. To support its financial stability work, Spokane County United Way promoted a free self-filing tool, www.MyFreeTaxes.com. Members of the Emerging Leaders Society contributed talent and 170 volunteer hours to projects in the community with local non-profit agencies. In addition, Spokane County United Way maintained a web-based platform, www.volunteerspokane.org, which served as a free resource to match community volunteers with opportunities at local nonprofit organizations. Spokane County United Way manages the selection and support of AmeriCorps VISTA projects and members in Spokane County in coordination with Corporation for National and Community Service (CNCS).

Expenses \$ 133,142. including grants of \$ 15,700. Revenue \$ 0.

Labor Relations: Spokane County United Way Labor Services works with the labor community to educate interested members about available health and human care services, recruit volunteers for food drives, and recruit and place members of organized labor with volunteer opportunities in human and health care organizations.

Expenses \$ 28,567. including grants of \$ 0. Revenue \$ 0.

Homeless Initiative: Spokane County United Way partners with A Way Home Washington to help participating communities improve their data collection methods, advocate for legislative change, develop

Name of the organization United Way of Spokane County	Employer identification number 91-0606058
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partnerships with systems and service providers, and implement projects that improve access to services and lead to equitable outcomes for all young people. Building on the success of the Anchor Community Initiative, United Way is launching Built for Zero initiative with Community Solutions; a new effort to support homeless veterans and chronically homeless adults. This work is supported by funding United Way received from the Kaiser Permanente Foundation. Spokane County United Way joined the Built for Zero collaborative which is made up of more than 90 communities that have committed to measurably ending homelessness, one population at a time. Using data, communities have changed how local homeless response systems work and the impact they can achieve. Fourteen of the collaborative communities have ended homelessness for a population by reaching a standard called functional zero. More than half have achieved reductions in the number of people experiencing chronic and veteran homelessness.

Expenses \$ 164,478. including grants of \$ 3,666. Revenue \$ 0.

Form 990, Part VI, Section A, line 1a:

The Executive Committee shall consist of members of the Board of Directors in such a number as determined by the Board of Directors. The Chair of the Board of Directors shall serve as Chair of the Executive Committee and Committee membership shall include, the officers of the Corporation and a number of other members as the Board of Directors may determine. The Executive Committee may, between meetings of the Board, exercise any or all of the powers delegated to it by the Board, including, but not limited to consideration of the compensation of the Chief Executive Officer or President, executive performance and guidance, and any emergency needs of the Corporation.

Name of the organization

United Way of Spokane County

Employer identification number

91-0606058

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. Board directors with a declared conflict of interest shall disqualify themselves from voting on a motion relative to the area of conflict. In some cases, it may be appropriate to leave the room when the vote is taken. If the conflict of interest is publicly announced, the director 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. The evaluation and salary of the VP is determined by the CEO. 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

Name of the organization

United Way of Spokane County

Employer identification number

91-0606058

meeting of the board. These deliberations are documented in meeting minutes and HR files.

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.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of beneficial interest in assets held by

Innovia Foundation

-40,323.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. United Way of Spokane County	Taxpayer identification number (TIN) 91-0606058
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 920 N Washington Ste 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Spokane, WA 99201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

Erin Buurkarl

- The books are in the care of ▶ **920 N Washington Ste 100 - Spokane, WA 99201**

Telephone No. ▶ **509-838-6581** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.