

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **07/01**, 2010, and ending **06/30**, 20**11**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **UNITED WAY OF SNOHOMISH COUNTY**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3120 McDougall Ave Ste 200
 City or town, state or country, and ZIP + 4
Everett, WA 98201

D Employer identification number
91-0606507

E Telephone number
425-374-5500

F Name and address of principal officer: **Dennis G Smith**
3120 McDougall Ave, Ste 200, Everett, WA 98201

G Gross receipts \$ **9,768,358**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.uwsc.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1941** **M** State of legal domicile: **WA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: United Way leads positive change that transforms our community and improves people's lives in Snohomish County.		
	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	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	33
	6	Total number of volunteers (estimate if necessary)	6	2,512
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,445,621	Current Year 8,702,647
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,541	65,348
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	336,524	293,155
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,872,686	9,061,150
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,976,606	6,120,179
	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)	1,974,236	2,063,188
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,120,836		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,226,721	1,398,578
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,177,563	9,581,945	
19	Revenue less expenses. Subtract line 18 from line 12	695,123	-520,795	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 13,122,407	End of Year 12,633,749
	21	Total liabilities (Part X, line 26)	7,533,183	7,376,129
	22	Net assets or fund balances. Subtract line 21 from line 20	5,589,224	5,257,620

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Dennis Smith, President and CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

While United Way offers donors the option to direct their gift to any tax-exempt charity or 501(c)(3), most donors support United Way's Local Community Fund and its focus on addressing immediate needs and finding long-term solutions to our community's most pressing problems. Our vision is bold: successful kids, financially stable families and healthy communities.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,905,297 including grants of \$ 2,701,512) (Revenue \$ 0)

United Way of Snohomish County funds multi-year grants to 102 carefully selected local nonprofit programs that align with our outcomes to increase the ability for infants, children and youth to succeed in school and life; families to have access to basic needs and live more independently; and all citizens in Snohomish County to be connected, engaged and supported. United Way initiatives also address the underlying causes of issues. United Way of Snohomish County honors donor requests to designate their contributions to any 501(c)(3) or 509(a) in the county, state or country, provided they comply with the USA Patriot Act and remain current in required IRS filings. We perform this service to agencies as a courtesy to our donors.

4b (Code:) (Expenses \$ 1,327,775 including grants of \$ 0) (Revenue \$ 76,178)

Financially Stable Families: United Way runs free income tax preparation centers. In 2011, 113 volunteers dedicated over 5,300 hours to United Way of Snohomish County's Free Tax Preparation Campaign. Volunteers prepared 2,231 tax returns, helped return over \$4.1million in federal refunds back to the community, including \$1.1 million in Earned Income Tax Credits and saved customers an estimated \$368,000 in tax preparation fees. Education: United Way's education initiative helped more than 800 children enter kindergarten more likely to succeed by working with parents and childcare providers to assess and support social and emotional growth. We distributed 11,400 books through Dolly Parton Imagination Library, resource sharing opportunities, and our DECA partners. We trained 500 adults in 40 developmental assets-the 40 building blocks children and youth need in order to grow up healthy and achieve success in school and life.

4c (Code:) (Expenses \$ 276,423 including grants of \$ 0) (Revenue \$ 0)

Engaged and Connected Communities: United Way supports and advocates for the 2-1-1 information and referral phone line. Call volumes have tripled since United Way helped launch the line in 2006. United Way's Volunteer Center mobilizes the entire community, last year connecting 3,348 people to volunteer opportunities.

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 1
(Expenses \$ -4 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 7,509,491

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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 25</i>	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		✓	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► WA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Jeri Wilkes CPA, (425)374-5500
3120 McDougall Ave, Ste 200, Everett, WA 98201

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Sue Ambler Member	1	✓					0	0	0	
Dom Amor Member	1	✓					0	0	0	
David Beyer Member	1	✓					0	0	0	
Gary Cohn Member	1	✓					0	0	0	
Joyce Eleanor Member	1	✓					0	0	0	
Jerry Goodwin Member	1	✓					0	0	0	
Liane Johnson Member	1	✓					0	0	0	
Dennis Kendall Member	1	✓					0	0	0	
Ken Kettler Member	1	✓					0	0	0	
Cindy Melland Member	1	✓					0	0	0	
Mike Miller Member	1	✓					0	0	0	
Toraya Miller Member	1	✓					0	0	0	
Chuck Newby Member	1	✓					0	0	0	
Buzz Rodland Member	1	✓					0	0	0	
Bob Rommel Member	1	✓					0	0	0	
Don Shove Member	1	✓					0	0	0	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Preston Simmons Member	1	✓						0	0	0
Bruce Spalding Member	1	✓						0	0	0
Mike Tibbits Member	1	✓						0	0	0
Laura VanSlyck Member	1	✓						0	0	0
Stephanie Walker Member	1	✓						0	0	0
April Zepeda Member	1	✓						0	0	0
Kevin Weed Member	1	✓						0	0	0
Sharon Wellman Member	1	✓						0	0	0
Rich White Member	1	✓						0	0	0
Matt Yerbic Member	1	✓						0	0	0
Mary Knox Ex Officio Member	1	✓						0	0	0
Alison Brynelson Ex Officio Member	1	✓						0	0	0
Ann Gifford Ex Officio Member	1	✓						0	0	0
Dr Marci Larsen Chair	1	✓		✓				0	0	0
Jim Litz Vice-Chair	1	✓		✓				0	0	0
Debbie McLeod Secretary	1	✓		✓				0	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,066,179						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 0						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 41,205						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,595,263						
	g	Noncash contributions included in lines 1a-1f: \$	0						
	h	Total. Add lines 1a-1f ▶		8,702,647					
Program Service Revenue			Business Code						
	2a	-----							
	b	-----							
	c	-----							
	d	-----							
	e	-----							
	f	All other program service revenue .							
g	Total. Add lines 2a-2f ▶		0						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		45,036	0	0	45,036		
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	5	Royalties ▶		0	0	0	0		
	6a	Gross Rents	(i) Real	0					
			(ii) Personal	0					
			b	Less: rental expenses	0				
			c	Rental income or (loss)	0				
	d	Net rental income or (loss) ▶		0	0	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	727,520					
			(ii) Other	0					
			b	Less: cost or other basis and sales expenses	707,208				
			c	Gain or (loss)	20,312				
	d	Net gain or (loss) ▶		20,312	0	0	20,312		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a							
	b	Less: direct expenses b							
	c	Net income or (loss) from fundraising events . ▶							
	9a	Gross income from gaming activities. See Part IV, line 19 a							
b	Less: direct expenses b								
c	Net income or (loss) from gaming activities . . ▶								
10a	Gross sales of inventory, less returns and allowances a								
b	Less: cost of goods sold b								
c	Net income or (loss) from sales of inventory . . ▶								
		Miscellaneous Revenue	Business Code						
11a	Pledge Processing Fees	900099	293,155	293,155	0	0			
b	-----								
c	-----								
d	All other revenue		0	0	0	0			
e	Total. Add lines 11a-11d ▶		293,155						
12	Total revenue. See instructions. ▶		9,061,150	293,155	0	65,348			

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,120,179	6,120,179		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	353,650	98,582	205,636	49,432
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,340,044	586,861	307,071	446,112
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,753	40,203	16,012	40,538
9	Other employee benefits	142,586	71,892	25,370	45,324
10	Payroll taxes	130,155	55,801	36,068	38,286
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	32,017	8,174	13,525	10,318
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	390,039	172,031	30,776	187,232
12	Advertising and promotion	7,110	486	3,887	2,737
13	Office expenses	255,846	128,582	38,668	88,596
14	Information technology	5,369	3,776	597	996
15	Royalties	0	0	0	0
16	Occupancy	230,419	48,585	148,288	33,546
17	Travel	26,738	10,395	1,132	15,211
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	41,532	20,432	8,830	12,270
20	Interest	0	0	0	0
21	Payments to affiliates	73,852	29,177	22,570	22,105
22	Depreciation, depletion, and amortization	126,957	34,621	67,668	24,668
23	Insurance	24,812	8,176	5,599	11,037
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	<u>Equipment Maintenance and Expense</u>	21,721	8,374	9,168	4,179
b	<u>Events</u>	128,657	47,946	0	80,711
c	<u>Misc.</u>	15,482	7,655	5,546	2,281
d	<u>Membership Dues</u>	18,027	7,563	5,207	5,257
e	_____				
f	All other expenses _____				
25	Total functional expenses. Add lines 1 through 24f	9,581,945	7,509,491	951,618	1,120,836
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,467,039	1	1,809,505
	2 Savings and temporary cash investments	345,609	2	259,720
	3 Pledges and grants receivable, net	4,518,745	3	4,536,607
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	119,836	9	154,051
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,333,151		
	b Less: accumulated depreciation	733,980		
	11 Investments—publicly traded securities	1,937,095	11	2,207,086
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	50,000	15	67,609
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,122,407	16	12,633,749	
Liabilities	17 Accounts payable and accrued expenses	134,786	17	192,360
	18 Grants payable	4,726,650	18	4,646,357
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,671,748	23	2,537,412
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	-1	25	0
	26 Total liabilities. Add lines 17 through 25	7,533,183	26	7,376,129
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,137,842	27	4,289,758
	28 Temporarily restricted net assets	1,447,957	28	891,426
	29 Permanently restricted net assets	3,425	29	76,436
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,589,224	33	5,257,620
34 Total liabilities and net assets/fund balances	13,122,407	34	12,633,749	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,061,150
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,581,945
3	Revenue less expenses. Subtract line 2 from line 1	3	-520,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,589,224
5	Other changes in net assets or fund balances (explain in Schedule O)	5	189,191
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,257,620

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization UNITED WAY OF SNOHOMISH COUNTY	Employer identification number 91-0606507
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,247,602	10,005,945	10,206,395	10,116,530	9,400,281	50,976,753
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	11,247,602	10,005,945	10,206,395	10,116,530	9,400,281	50,976,753
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)						0
6 Public support. Subtract line 5 from line 4.						50,976,753

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,247,602	10,005,945	10,206,395	10,116,530	9,400,281	50,976,753
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	270,641	100,352	58,815	233,951	97,086	760,845
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-11,212	4,100	6,601	13,312	0	12,801
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,194	6,473	0	0	0	9,667
11 Total support. Add lines 7 through 10						51,760,066
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.49 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.35 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF SNOHOMISH COUNTY	Employer identification number 91-0606507
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,526													
c	Total lobbying expenditures (add lines 1a and 1b)	4,526													
d	Other exempt purpose expenditures	9,581,944													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,586,470													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	629,324													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	157,331													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	657,481	636,185	608,878	629,324	2,531,868
b Lobbying ceiling amount (150% of line 2a, column (e))					3,797,802
c Total lobbying expenditures	1,614	2,069	152	4,526	8,361
d Grassroots nontaxable amount	164,370	159,046	152,220	157,331	632,967
e Grassroots ceiling amount (150% of line 2d, column (e))					949,451
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF SNOHOMISH COUNTY

91-0606507

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	30	0
2 Aggregate contributions to (during year)	350,583	0
3 Aggregate grants from (during year)	277,696	0
4 Aggregate value at end of year	82,836	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	628,595	581,595	663,414		
b Contributions	73,011	2,000	75		
c Net investment earnings, gains, and losses	106,984	45,000	-81,894		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	18,674	0	0		
f Administrative expenses	0	0	0		
g End of year balance	789,916	628,595	581,595		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 90 %
- b** Permanent endowment ▶ 10 %
- c** Term endowment ▶ 0 %

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **Yes** **No**

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	420,000		420,000
b Buildings	0	3,506,151	403,976	3,102,175
c Leasehold improvements	0	0	0	0
d Equipment	0	407,000	330,004	76,996
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,599,171

Part VII Investments—Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,061,150
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,581,945
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-520,795
4	Net unrealized gains (losses) on investments	4	189,194
5	Donated services and use of facilities	5	26,025
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-26,028
9	Total adjustments (net). Add lines 4 through 8	9	189,191
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-331,604

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,072,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	189,194
b	Donated services and use of facilities	2b	26,025
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	215,219
3	Subtract line 2e from line 1	3	5,857,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	3,203,785
c	Add lines 4a and 4b	4c	3,203,785
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,061,150

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,404,188
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	26,025
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	26,025
3	Subtract line 2e from line 1	3	6,378,163
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	3,203,782
c	Add lines 4a and 4b	4c	3,203,782
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,581,945

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - The United Way of Snohomish County Endowment consists of two funds. Each fund has a distinct focus. The Impact Fund looks outward. Earnings from this fund may be invested in grants, programs and services, used to address emerging community needs and issues, build community capacity or provide emergency funding in response to critical changes in community conditions. The Sustaining Fund looks inward. Earnings from this fund support infrastructure and operations including United Way staffing, facility costs and new technology, thus providing for the future sustainability of the organization.

Schedule D, Part XI, Line 8 - In-Kind Services - \$26,025 Rounding - \$3

Schedule D, Part XII, Line 4b - Donor designated funds - \$3,203,785

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

91-0606507

UNITED WAY OF SNOHOMISH COUNTY

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations ▶ 98

3 Enter total number of other organizations ▶ 0

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	AMERICAN RED CROSS - SNOHOMISH CTY CHAPTER 2530 LOMBARD AVE EVERETT, WA 98201	180,710	0
EIN	91-0581658		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	AMERICA'S CHARITIES INC PO BOX 79570 BALTIMORE, MD 21279-0570	11,715	0
EIN	54-1517707		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	ANIMAL CHARITIES OF AMERICA PO BOX 45756 SAN FRANCISCO, CA 94145	21,057	0
EIN	94-3193389		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	ARLINGTON COMMUNITY CHEST PO BOX 188 ARLINGTON, WA 98223	6,902	0
EIN	91-1140144		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations		
Name and address	ARTS COUNCIL OF SNO CO PO BOX 5038 EVERETT, WA 98206	15,118	0
EIN	23-7438061		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	BIG BROTHERS BIG SISTERS OF SNOHOMISH COUNTY C/O YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE EVERETT, WA 98201	7,251	0

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

EIN	91-0565561		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	BOY SCOUTS-MT BAKER COUNCIL 1715 100TH PL SE NUMBER B EVERETT, WA 98208	8,272	0
EIN	91-1622046		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	BOYS AND GIRLS CLUB OF SNO CO 4322 RUCKER AVENUE EVERETT, WA 98203-2233	34,628	0
EIN	91-0549511		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	BRIDGEWAYS 1220 75TH STREET SW EVERETT, WA 98203	43,906	0
EIN	91-1192942		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	CAMP FIRE USA-SNOHOMISH COUNTY 4312 RUCKER AVENUE EVERETT, WA 98203	54,159	0
EIN	91-0608531		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	12,011	0
EIN	04-2531031		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CASINO ROAD MINISTRIES 14 E CASINO RD	5,219	0

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SUITE E			
EVERETT, WA 98208			
EIN	20-8535545		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CATHOLIC COMMUNITY SERVICES- W WA 1918 EVERETT AVENUE EVERETT, WA 98201	123,779	0
EIN	91-1585652		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	CATHOLIC COMMUNITY SERVICES 100 23RD AVE SO SEATTLE, WA 98144	5,699	0
EIN	91-1585652		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CENTER FOR HUMAN SERVICES 17018 15TH AVENUE NE SHORELINE, WA 98155	26,125	0
EIN	23-7082323		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	CHILDREN FIRST-AMERICAS CHARITIES PO BOX 79570 BALTIMORE, MD 21279-0570	7,333	0
EIN	30-0186795		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CHILDREN'S CHARITIES OF AMERICA PO BOX 45757 SAN FRANCISCO, CA 94145	18,938	0
EIN	94-3148588		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45310	6,033	0

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EIN	SAN FRANCISCO, CA 94145		
IRC code section	27-0093393		
Method of valuation	501C3		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CHRISTIAN CHARITIES USA	9,836	0
	PO BOX 45758		
	SAN FRANCISCO, CA 94145		
EIN	94-3255961		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CHRISTIAN SERVICE CHARITIES	25,580	0
	PO BOX 79704		
	BALTIMORE, MD 21279-9704		
EIN	94-3193374		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	CLOTHES FOR KIDS	5,421	0
	16725 52ND AVE W		
	NO B		
	LYNNWOOD, WA 98037		
EIN	91-1345075		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	COCOON HOUSE	208,137	0
	2929 PINE ST		
	EVERETT, WA 98201		
EIN	91-1497667		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	COMMUNITY HEALTH CENTER	64,721	0
	PO BOX 13060		
	EVERETT, WA 98206		
EIN	91-1255170		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	COMMUNITY HEALTH CHARITIES	36,680	0
	PO BOX 75153		

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BALTIMORE, MD 21275-5153			
EIN	52-0728032		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	COMMUNITY HEALTH CHARITIES OF WA STATE PO BOX 16727 SEATTLE, WA 98116-0727	36,084	0
EIN	91-0995998		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	COMMUNITY RESOURCES FOUNDATION PO BOX 935 STANWOOD, WA 98292	33,250	0
EIN	91-1833161		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations		
Name and address	CONSERVATION AND PRESERVATION CHARITIES OF AMERICA PO BOX 45759 SAN FRANCISCO, CA 94145	7,116	0
EIN	94-3217738		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	DAWSON PLACE CHILD ADVOCACY CENTER 1509 CALIFORNIA ST EVERETT, WA 98201	33,586	0
EIN	27-0627714		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	DEACONESS CHILDREN'S SERVICES PO BOX 2629 EVERETT, WA 98213-0629	54,972	0
EIN	91-0564963		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	DOMESTIC VIOLENCE SVCS FKA SNO CO CTR FOR BATTERED WOMEN	58,656	0

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PO BOX 7
EVERETT, WA 98206

EIN 91-0982722
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations and Donor Designations for General Support

Name and address	EARTH SHARE CAMPAIGN CODE NO 0931 DEPT 4011 WASHINGTON, DC 20042-4011	11,037	0
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EIN 52-1601960
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

Name and address	EARTH SHARE OF WASHINGTON 1402 THIRD AVENUE STE 817 SEATTLE, WA 98101	17,992	0
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EIN 91-1363472
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

Name and address	EAST COUNTY SENIOR CENTER PO BOX 602 MONROE, WA 98272	19,119	0
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EIN 91-0869394
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations and Donor Designations for General Support

Name and address	EDMONDS UNITED METHODIST CHURCH 828 CASPERS STREET EDMONDS, WA 98020	6,709	0
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EIN 91-0652053
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

Name and address	EVERETT GOSPEL MISSION PO BOX 423 EVERETT, WA 98206	17,537	0
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EIN 91-0780146
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

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Name and address	EVERETT PUBLIC SCHLS FNDN PO BOX 3112 EVERETT, WA 98203	43,853	0
EIN	91-1329342		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	FIRST PRESBYTERIAN CHURCH 2936 ROCKEFELLER EVERETT, WA 98201-4020	14,000	0
EIN	91-0564964		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	FOOD LIFELINE 1702 NE 150TH STREET SHORELINE, WA 98155-7226	12,519	0
EIN	91-1090450		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	FRED HUTCHINSON CRC FNDN J5-200 PO BOX 19024 SEATTLE, WA 98109	5,093	0
EIN	23-7156071		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	FRIENDS OF YOUTH-SNO CO 16225 NE 87TH STREET STE A6 REDMOND, WA 98052	30,082	0
EIN	91-0672501		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384-9616	34,032	0
EIN	30-0075789		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	GREATER EVERETT COMMUNITY FNDN	9,552	0

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PO BOX 5549
 EVERETT, WA 98206

EIN 94-3188703

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Donor Designations for General Support

Name and address	HEALTH AND MEDICAL RESEARCH CHARITIES OF AMERICA PO BOX 45763 SAN FRANCISCO, CA 94145	14,525	0
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EIN 94-3217739

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Donor Designations for General Support

Name and address	HEARING SPEECH AND DEAFNESS CNTR 1625 19TH AVE SEATTLE, WA 98122	15,578	0
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EIN 91-0681207

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Program Operations and Donor Designations for
General Support

Name and address	HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	171,570	0
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EIN 94-3060709

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Program Operations and Donor Designations for
General Support

Name and address	HUMAN CARE CHARITIES OF AMERICA PO BOX 45765 SAN FRANCISCO, CA 94145	6,220	0
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EIN 94-3067804

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Donor Designations for General Support

Name and address	IMAGINE CHILDREN'S MUSEUM 1502 WALL ST EVERETT, WA 98201	15,139	0
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EIN 94-3153591

IRC code section 501C3

Method of valuation N/A

Description of non-

cash assistance

Purpose of grant Donor Designations for General Support

Name and address	JUNIOR ACHIEVEMENT-GREATER PUGET	5,252	0
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UNITED WAY OF SNOHOMISH COUNTY

SOUND
1700 WESTLAKE AVE
SUITE 400
SEATTLE, WA 98109

EIN 91-0604913
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations and Donor Designations for General Support

Name and address	KIDS PLACE EARLY LEARNING CNTR PO BOX 1189 DARRINGTON, WA 98241	21,265	0
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EIN 91-1562690
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations and Donor Designations for General Support

Name and address	LAKE SUPERIOR STATE UNIVERSITY FNDN 650 W EASTERDAY AVE SAULTE STE MARIE, MI 49783	10,000	0
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EIN 38-2576021
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

Name and address	LATINO EDUCATION AND TRAINING INSTITUTE 6605 202ND ST SW LYNNWOOD, WA 98036	9,080	0
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EIN 75-3252857
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations

Name and address	LITTLE RED SCHOOL HOUSE 14 E CASINO RD EVERETT, WA 98208	98,601	0
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EIN 91-6053563
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Program Operations and Donor Designations for General Support

Name and address	LOCAL INDEPENDENT CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	22,487	0
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EIN 94-3042430
IRC code section 501C3
Method of valuation N/A
Description of non-cash assistance N/A
Purpose of grant Donor Designations for General Support

Name and address	LUTHERAN COMMUNITY SERVICES NW 433 MINOR AVENUE N SEATTLE, WA 98109	191,209	0
EIN	93-0386860		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	MAKE-A-WISH FDN-ALASKA-MONTANA-N IDAHO AND WA 811 1ST AVE NO 520 SEATTLE, WA 98104-1428	6,709	0
EIN	91-1329433		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	MEDICAL RESEARCH CHARITIES PO BOX 79703 BALTIMORE, MD 21279-9703	12,063	0
EIN	94-3148591		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	MILITARY VETERAN AND PATRIOTIC SVC ORG OF AMERICA PO BOX 45766 SAN FRANCISCO, CA 94145	20,647	0
EIN	94-3193418		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	MOUNTAIN VIEW COMMUNITY CHURCH 12033 SEATTLE HILL RD SNOHOMISH, WA 98296	5,726	0
EIN	23-7281536		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	NORTHSHORE SENIOR CENTER SENIOR SVCS OF KING CO 10201 E RIVERSIDE DRIVE BOTHHELL, WA 98011-3708	14,413	0
EIN	91-1184432		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		

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UNITED WAY OF SNOHOMISH COUNTY

Purpose of grant		Program Operations	
Name and address	NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	7,699	0
EIN	91-0826037		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant Donor Designations for General Support			
Name and address	PARENT TRUST FOR WA CHILDREN FKA- PARENTS ANON 2200 RAINIER AVE SO SEATTLE, WA 98144	10,041	0
EIN	91-1036940		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant Program Operations and Donor Designations for General Support			
Name and address	PAWS (PROGRESSIVE ANIMAL WELFARE SOCIETY) 15305 44TH AVE W LYNNWOOD, WA 98087	7,605	0
EIN	91-6073154		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant Donor Designations for General Support			
Name and address	PLANNED PARENTHOOD OF WESTERN WASHINGTON 2001 E MADISON STREET SEATTLE, WA 98122-2959	29,017	0
EIN	91-0686012		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant Donor Designations for General Support			
Name and address	PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206-1067	84,367	0
EIN	91-1041617		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant Program Operations and Donor Designations for General Support			
Name and address	PROVIDENCE HOSPICE AND HOME HEALTH CARE 2731 WETMORE AVE STE 500 EVERETT, WA 98201	63,142	0
EIN	91-1054828		

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IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SALVATION ARMY-EVERETT CORPS 111 QUEEN ANNE AVE N STE 300 Seattle, WA 98109	6,567	0
EIN	91-0565002		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	SEATTLE CHILDREN'S HOSPITAL FNDN 6901 SAND POINT WAY NE SEATTLE, WA 98115	9,716	0
EIN	91-1156519		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	SECRET HARBOR SCHOOL PO BOX 828 BURLINGTON, WA 98233	38,784	0
EIN	91-1025997		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SENIOR SERVICES OF SNO CO 8225 44TH AVENUE W SUITE O MUKILTEO, WA 98275	160,095	0
EIN	91-0910680		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SHERWOOD COMMUNITY SERVICES 402 91ST AVENUE NE LAKE STEVENS, WA 98258	35,783	0
EIN	91-0762805		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SKY VALLEY FOOD BANK	5,851	0

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UNITED WAY OF SNOHOMISH COUNTY

	C/O VOLUNTEERS OF AMERICA PO BOX 724 MONROE, WA 98272-0724		
EIN	91-1186822		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	SMITHWRIGHT SERVICES 19910 50TH AVE W 102 LYNNWOOD, WA 98036	24,000	0
EIN	91-1131824		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations		
Name and address	SNOHOMISH COUNTY MASTER GARDENER FNDN 600 128TH ST SE EVERETT, WA 98208	5,050	0
EIN	94-3052943		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SNOHOMISH EDUCATION FOUNDATION PO BOX 1312 SNOHOMISH, WA 98291-1312	8,428	0
EIN	91-1363896		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	SNOHOMISH SENIORS PO BOX 1426 SNOHOMISH, WA 98291-1426	14,825	0
EIN	91-1496597		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	SOUTH COUNTY SENIOR CENTER PO BOX 717 EDMONDS, WA 98020	14,428	0
EIN	91-0828576		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for		

General Support			
Name and address	ST THOMAS MORE PARISH 6511 176TH SW LYNNWOOD, WA 98037	7,702	0
EIN	91-0754016		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	ST THOMAS SCHOOL - MEDINA 8300 NE 12TH ST MEDINA, WA 98139	17,667	0
EIN	91-0840110		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	STANWOOD COMMUNITY AND SENIOR CENTER 7430 276TH STREET NW STANWOOD, WA 98292	20,277	0
EIN	23-7253336		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	STANWOOD-CAMANO AREA FNDN PO BOX 1209 STANWOOD, WA 98292	6,533	0
EIN	91-6036846		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	STILLAGUAMISH SENIOR CENTER 18308 SMOKEY POINT BLVD ARLINGTON, WA 98223	16,098	0
EIN	23-7087247		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	THE ARC OF KING COUNTY 233 6TH AVE N SEATTLE, WA 98109	39,140	0
EIN	91-0594684		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		

Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	THE INTERFAITH ASSOCIATION OF NW WA PO BOX 12824 EVERETT, WA 98206	30,746	0
EIN	91-1340220		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	TRINITY LUTHERAN COLLEGE EDUCATION FNDN 2802 WETMORE AVE EVERETT, WA 98201	5,500	0
EIN	74-3258358		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	UNITED WAY OF EAST CENTRAL IOWA 1030 5TH AVE SE STE 100 CEDAR RAPIDS, IA 52403-2428	17,362	0
EIN	42-0861239		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	UNITED WAY OF ISLAND COUNTY PO BOX 798 OAK HARBOR, WA 98277-0798	6,690	0
EIN	91-0787820		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	UNITED WAY OF KING COUNTY 720 SECOND AVE SEATTLE, WA 98104-1702	33,533	0
EIN	91-0565555		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	USO WORLD HEADQUARTERS 2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201	5,674	0
EIN	13-1610451		
IRC code section	501C3		
Method of valuation	N/A		

Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	UW SKAGIT COUNTY PO BOX 451 BURLINGTON, WA 98233-0451	8,247	0
EIN	91-0755705		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	VILLAGE COMMUNITY SERVICES 3210 SMOKEY PT DR STE 200 ARLINGTON, WA 98223-7805	30,387	0
EIN	91-1459748		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	VOLUNTEERS OF AMERICA-W WA PO BOX 839 EVERETT, WA 98206-0839	525,192	0
EIN	91-0577129		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	WONDERLAND DEVELOPMENTAL CENTER 816 NE 190TH ST SHORELINE, WA 98155	15,000	0
EIN	91-0890276		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations		
Name and address	WORK OPPORTUNITIES 6515 202ND SW LYNNWOOD, WA 98036	74,765	0
EIN	91-0754419		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	YMCA OF GREATER SEATTLE 909 FOURTH AVENUE SEATTLE, WA 98104	5,773	0
EIN	91-0482710		
IRC code section	501C3		

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor Designations for General Support		
Name and address	YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER EVERETT, WA 98201	353,085	0
EIN	91-0565561		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	YOUTHNET PO BOX 217 MOUNT VERNON, WA 98273	8,369	0
EIN	91-0850397		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	YWCA SEATTLE-KING CO-SNOHO CO 1118 5TH AVE SEATTLE, WA 98101	89,712	0
EIN	91-0482890		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Program Operations and Donor Designations for General Support		
Name and address	Various Agencies	1,018,577	0
EIN	11-1111111		
IRC code section	501C3		
Method of valuation	N/A		
Description of non-cash assistance	N/A		
Purpose of grant	Donor designations paid through other United Ways		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number
91-0606507

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Carl Zapora	(i)	143,052	0	0	0	15,289	158,341	0
	(ii)	0	0	0	0	0	0	0
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	WA State Housing Finance Commission	91-1874730		01/19/2007	2,100,000	Building and land purchase for non-profit		✓		✓		✓
B												
C												
D												

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired		0						
2 Amount of bonds legally defeased		0						
3 Total proceeds of issue		2,100,000						
4 Gross proceeds in reserve funds		0						
5 Capitalized interest from proceeds		0						
6 Proceeds in refunding escrows		0						
7 Issuance costs from proceeds		0						
8 Credit enhancement from proceeds		0						
9 Working capital expenditures from proceeds		0						
10 Capital expenditures from proceeds		2,100,000						
11 Other spent proceeds		0						
12 Other unspent proceeds		0						
13 Year of substantial completion		2007						
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		✓						
15 Were the bonds issued as part of an advance refunding issue?		✓						
16 Has the final allocation of proceeds been made?	✓							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b Are there any research agreements that may result in private business use of bond-financed property?		✓						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	✓							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
6 Total of lines 4 and 5		0 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	✓							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		✓						
2 Is the bond issue a variable rate issue?	✓							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		✓						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		✓						
6 Did the bond issue qualify for an exception to rebate?		✓						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Form 990, Part VI, Section B, Line 11a - The 990 is reviewed by our treasurer. It then goes to the Finance Committee and they are given time to review and receive any answers to questions they may have. Next, it goes to the Board via email. They are given a deadline to respond with any concerns or questions. The Board is told that the 990 has passed review of the Finance Committee. They then vote to approve at their next meeting and it is filed.

Form 990, Part VI, Section B, Line 12c - Annually, all Board members, key volunteers and staff are asked to disclose any potential conflicts of interest. All forms that have a potential conflict are given to the President and CEO to review. If they are still deemed to be a potential conflict, the Ethics Officer (currently the Chair of the Audit Committee) is given the forms to review and make a ruling.

Form 990, Part VI, Section B, Line 15 - The Compensation Committee is formed and they are tasked with the following: 1. Review the President/CEO's and Key Employees' compensation research provided by the HR Director. Examples of research include regional data, United Way specific data as well as other professional data (Robert Half/Office Team, Assoc. of Fundraising Professionals surveys). 2. Review results of the President/CEO's and Key Employees' annual performance review. 3. Review the Organization's Annual Performance Development and Compensation Plan approved by the Board for the current budget year. 4. Determine salary levels. 5. Justification for setting the compensation levels must be documented and formal minutes taken at the executive Compensation Committee's meeting.

Form 990, Part VI, Section C, Line 19 - The organization provides a PDF file of our annual audit on our website annually, as well as our 990. Our Treasurer's contact number is also available on the website should someone from the public have a question. Our 990 is also available if someone makes a request by phone.

Form 990, Part XI, Line 5 - Unrealized gains - \$189,194 Rounding - (\$3)

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Rounding	-4	0	0
Total:		-4	0	0