

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 province, country, and ZIP or foreign postal code
Everett, WA, 98201

D Employer identification number
91-0606507

E Telephone number
425-374-5500

F Name and address of principal officer: Allison Warren-Barbour
3120 McDougall Ave, Suite 200, Everett, WA 98201

G Gross receipts \$ 6,804,527

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ www.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: <u>We transform lives by bringing people, resources, and strategy together to solve our community's toughest challenges.</u>		
	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	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	40
	6	Total number of volunteers (estimate if necessary)	6	2,415
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,942
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 <u>7,018,893</u>	Current Year <u>5,306,562</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>30,369</u>	<u>124,972</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>207,922</u>	<u>305,932</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,257,184</u>	<u>5,737,466</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>3,878,541</u>	<u>1,598,659</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>2,326,674</u>	<u>1,818,781</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>585,991</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,253,481</u>	<u>1,121,394</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>7,458,696</u>	<u>4,538,834</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>-201,512</u>	<u>1,198,632</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>11,094,450</u>	End of Year <u>10,435,792</u>
	21	Total liabilities (Part X, line 26)	<u>5,462,151</u>	<u>3,439,104</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>5,632,299</u>	<u>6,996,688</u>

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 _____
Allison Warren-Barbour, President & 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 or note to any line in this Part III

1 Briefly describe the organization's mission:
We transform lives by bringing people, resources, and strategy together to solve our community's toughest challenges.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,406,840 including grants of \$ 285,382) (Revenue \$ 0)
In FY 2016, United Way of Snohomish County addressed immediate needs by providing single-year program grants to 56 local nonprofit programs carefully selected by volunteer grant readers. Projects ranged from early childhood development and youth training programs to food distribution and emergency shelters. We honor donor requests to designate contributions to any 501(c)(3) or 509(a) in the county, state or country, provided that 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. Our volunteer center connected 2,151 individuals with volunteer opportunities.

4b (Code:) (Expenses \$ 714,337 including grants of \$ 132,221) (Revenue \$ 0)
In FY 16-17 United Way of Snohomish County consciously funded programs and services to support successful kids, financially stable families, and healthy communities. We continued our Volunteer Income Tax Assistance (VITA) Free Tax Preparation program for the 11th year, serving 3,751 households for a grand total of \$5,041,434 in refunds that returned to the pockets of hard-working Snohomish County residents. Our education initiative helped 1,300 children enter kindergarten more likely to succeed by working with parents and childcare providers to assess and support social and emotional growth.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses **▶** 3,121,177

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 <i>Schedule B, Schedule of Contributors</i> (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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 checked="" type="checkbox"/>	<input 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		
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	40		
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" to line 3b, provide an explanation in Schedule O	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
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 as charitable contributions?	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		✓	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<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?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<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		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Zecharias Mesgane, (425)374-5500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kim Williams	1									
Board Chair	0	✓		✓			0	0	0	
Fran Mester	1									
Vice-Chair	0	✓		✓			0	0	0	
Sharon Wellman	1									
Secretary	0	✓		✓			0	0	0	
Michael Tibbits	1									
Treasurer	0	✓		✓			0	0	0	
Dom Amor	1									
Board Member	0	✓					0	0	0	
Brian Baird	1									
Board Member	0	✓					0	0	0	
Derick Baisa	1									
Board Member	0	✓					0	0	0	
Andrew Ballard	1									
Board Member	0	✓					0	0	0	
Gina Clark	1									
Board Member	0	✓					0	0	0	
Dawn Cordero	1									
Board Member	0	✓					0	0	0	
Suzanne Dedrick	1									
Board Member	0	✓					0	0	0	
Sandra Dillings	1									
Board Member	0	✓					0	0	0	
Gabe Doleac	1									
Board Member	0	✓					0	0	0	
Tonya Drake	1									
Board Member	0	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Josh Estes	1									
Board Member	0	✓					0	0	0	
Emmett Heath	1									
Board Member	0	✓					0	0	0	
Tom Hebner	1									
Board Member	0	✓					0	0	0	
Jim Litz	1									
Board Member	0	✓					0	0	0	
Becky Mackenstadt	1									
Board Member	0	✓					0	0	0	
David McCrea	1									
Board Member	0	✓					0	0	0	
Erin Monroe	1									
Board Member	0	✓					0	0	0	
Josh O'Connor	1									
Board Member	0	✓					0	0	0	
Maria Pena	1									
Board Member	0	✓					0	0	0	
Wes Pringle	1									
Board Member	0	✓					0	0	0	
Jacklyn Rae	1									
Board Member	0	✓					0	0	0	
Matt Reinhard	1									
Board Member	0	✓					0	0	0	
Jeff Roe	1									
Board Member	0	✓					0	0	0	
Rod Sigvartson	1									
Board Member	0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Spyridis Board Member	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Shirley Sutton Board Member	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Barbara Tolbert Board Member	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
John Weber Board Member	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Dennis Smith President and CEO	40 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	165,015	0	17,683
Allison Warren-Barbour President and CEO	40 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Gary Cohn Immediate Past Chair	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Jeri Wilkes CFO	40 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87,854	0	12,732
1b Sub-total								252,869	0	30,415
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								252,869	0	30,415

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 267,964				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 20,365				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 29,995				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,988,238				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f ▶	5,306,562				
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) ▶	64,890	64,890	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	5	Royalties ▶	0	0	0	0	
	6a		(i) Real	(ii) Personal			
			Gross rents	132,200	0		
			Less: rental expenses	140,142	0		
			Rental income or (loss)	-7,942	0		
	d	Net rental income or (loss) ▶	-7,942	0	-7,942	0	
	7a		(i) Securities	(ii) Other			
			Gross amount from sales of assets other than inventory	987,001	0		
			Less: cost or other basis and sales expenses	926,919	0		
			Gain or (loss)	60,082	0		
	d	Net gain or (loss) ▶	60,082	60,082	0	0	
	8a	Gross income from fundraising events (not including \$ 20,365 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				
Less: direct expenses b							
Net income or (loss) from gaming activities . . ▶							
10a		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
11a	Pledge Processing Fees	900099	313,874	313,874	0	0	
b	-----						
c	-----						
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶		313,874				
12	Total revenue. See instructions. ▶		5,737,466	438,846	-7,942	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,598,659	1,598,659		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	374,485	142,625	229,631	2,229
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	1,124,414	529,612	297,307	297,495
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,763	26,356	9,492	12,915
9 Other employee benefits	110,034	62,693	21,583	25,758
10 Payroll taxes	161,085	72,729	57,003	31,353
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	6,830	509	6,321	0
c Accounting	57,529	2,221	38,015	17,293
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	24,369	8,123	8,123	8,123
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	402,636	301,503	53,569	47,564
12 Advertising and promotion	1,180	605	575	0
13 Office expenses	86,259	44,185	15,340	26,734
14 Information technology	945	45	0	900
15 Royalties	0	0	0	0
16 Occupancy	79,284	40,152	18,504	20,628
17 Travel	10,466	4,869	404	5,193
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	40,796	30,278	7,045	3,473
20 Interest	0	0	0	0
21 Payments to affiliates	74,740	39,481	19,991	15,268
22 Depreciation, depletion, and amortization	87,103	43,269	21,655	22,179
23 Insurance	26,417	10,933	6,089	9,395
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Equipment Maintenance and Expense</u>	21,683	8,888	6,769	6,026
b <u>Events</u>	144,115	120,568	0	23,547
c <u>Miscellaneous and In-Kind</u>	35,270	20,744	8,897	5,629
d <u>Membership Dues</u>	21,772	12,130	5,353	4,289
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,538,834	3,121,177	831,666	585,991
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	756,513	1	1,450,485
	2 Savings and temporary cash investments	935,303	2	693,682
	3 Pledges and grants receivable, net	3,255,087	3	2,079,477
	4 Accounts receivable, net	29,199	4	38,136
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	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	92,072	9	56,936
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,552,368		
	b Less: accumulated depreciation	1,382,527		
	11 Investments—publicly traded securities	2,676,583	11	2,910,732
	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	30,523	15	36,503
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,094,450	16	10,435,792	
Liabilities	17 Accounts payable and accrued expenses	241,001	17	207,659
	18 Grants payable	2,935,505	18	996,711
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,285,645	23	2,234,734
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	5,462,151	26	3,439,104
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,371,066	27	6,037,729
	28 Temporarily restricted net assets	931,545	28	629,061
	29 Permanently restricted net assets	329,688	29	329,898
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,632,299	33	6,996,688
34 Total liabilities and net assets/fund balances	11,094,450	34	10,435,792	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,737,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,538,834
3	Revenue less expenses. Subtract line 2 from line 1	3	1,198,632
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,632,299
5	Net unrealized gains (losses) on investments	5	165,155
6	Donated services and use of facilities	6	600
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,996,688

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,800,725	11,220,291	8,727,459	7,255,806	5,480,069	42,484,350
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	9,800,725	11,220,291	8,727,459	7,255,806	5,480,069	42,484,350
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						42,484,350

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,800,725	11,220,291	8,727,459	7,255,806	5,480,069	42,484,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,019	63,503	60,764	67,498	64,890	309,674
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-114,241	3,787	-1,826	-237	-7,942	-120,459
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						42,673,565
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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.02 %
16a 33 1/3% support test—2016. 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 type="checkbox"/>
b 33 1/3% support test—2015. 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 checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
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)	5,000													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	5,000													
d	Other exempt purpose expenditures	2,067,825													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,072,825													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	253,641													
<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)	63,410													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	663,575	561,801	430,404	253,641	1,909,421
b Lobbying ceiling amount (150% of line 2a, column (e))					2,864,132
c Total lobbying expenditures	6,000	6,000	8,667	5,000	25,667
d Grassroots nontaxable amount	165,894	140,450	107,601	63,410	477,355
e Grassroots ceiling amount (150% of line 2d, column (e))					716,033
f Grassroots lobbying expenditures	0	0	0	5,000	5,000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,175,873	1,193,312	1,079,504	975,385	818,994
b Contributions	210	29,343	124,079	1,035	89,156
c Net investment earnings, gains, and losses	128,619	-10,873	22,221	131,927	93,300
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	30,572	35,909	32,492	28,843	26,065
f Administrative expenses	0	0	0	0	0
g End of year balance	1,274,130	1,175,873	1,193,312	1,079,504	975,385

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

- a** Board designated or quasi-endowment ▶ 71 %
- b** Permanent endowment ▶ 29 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

	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" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	420,000	0	420,000
b Buildings	0	3,646,461	974,967	2,671,494
c Leasehold improvements	0	102,608	85,949	16,659
d Equipment	0	257,331	243,007	14,324
e Other	0	125,968	78,604	47,364
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,169,841

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,974,740
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	165,155
b	Donated services and use of facilities	2b	600
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	-904,112
e	Add lines 2a through 2d	2e	-738,357
3	Subtract line 2e from line 1	3	5,713,097
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	24,369
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	24,369
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,737,466

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

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

1	Total expenses and losses per audited financial statements	1	3,610,351
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	140,142
e	Add lines 2a through 2d	2e	140,142
3	Subtract line 2e from line 1	3	3,470,209
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	24,369
b	Other (Describe in Part XIII.)	4b	1,044,256
c	Add lines 4a and 4b	4c	1,068,625
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,538,834

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - We have two funds in our Endowment: The CORE Fund - Donations to this fund are invested into our CORE work to support children birth to age 8 and their families with low income. Examples include Collaborative grants, programs, and services, addressing emerging needs and issues, building community capacity, and providing emergency funding in response to critical changes in community conditions. The Sustaining Fund -Donations to this fund are invested into United Way's infrastructure and operations. As a nonprofit, we are not only a funder, but also a convener and catalyst for change. Our dedicated staff administers grants, coordinates volunteers, processes pledges, and lends their talents and expertise to this important work every day. Giving to this fund helps to sustain United Way as an organization to continue to make an impact on the community.

Schedule D, Part XI, Line 2d - Gross designations less rental activities, 1 rounding

Schedule D, Part XII, Line 2d - Rental Activity expenses

Schedule D, Part XII, Line 4b - Donor designations, 1 rounding

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Aerospace Golf Scramble (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	20,365			20,365
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	20,365			20,365
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	10,274		0	10,274
	8 Entertainment	0		0	0
	9 Other direct expenses	5,461			5,461
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,735
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,630	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G, Part II, Line 1 - This is a fundraising golf tournament where members of the aerospace industry compete. Sponsorships pay for the greens fees, and players pay to enter the tournament. Those funds are then donated to us.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

UNITED WAY OF SNOHOMISH COUNTY

91-0606507

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 listed in the line 1 table ▶ 56
 3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	AMERICAN RED CROSS - NHQ PO BOX 73857 CHICAGO, IL 60673-7857	36-2276983	27,672	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	ARLINGTON COMMUNITY CHEST 25620 133rd AVE NE ARLINGTON, WA 98223	91-1140144	6,735	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			
Name and address	BOY SCOUTS-MT BAKER COUNCIL 1715 100TH PL SE NUMBER B EVERETT, WA 98208	91-1622046	6,695	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	BOYS AND GIRLS CLUB OF SNO CO 4322 RUCKER AVENUE EVERETT, WA 98203-2233	91-0549511	13,917	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	CATHOLIC COMMUNITY SERVICES WW 1133 RAILROAD AVE STE 100 BELLINGHAM, WA 98225	91-1585652	79,117	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	CENTER FOR HUMAN SERVICES 17018 15TH AVENUE NE SHORELINE, WA 98155	23-7082323	31,500	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			
Name and address	CHILD STRIVE FKA LITTLE RED SCHOOL HOUSE 14 E CASINO RD EVERETT, WA 98208	91-6053563	51,236	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Name and address	CHILDHAVEN 316 BROADWAY SEATTLE, WA 98122	91-0402430	10,795	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279-9704	94-3193374	6,255	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	CITY OF ARLINGTON 238 N OLYMPIC AVE ARLINGTON, WA 98223	91-6001401	25,000	0
IRC code section	GOVERNMENT ENTITY			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	GRANT			
Name and address	COCOON HOUSE 2929 PINE ST EVERETT, WA 98201	91-1497667	214,400	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275-5153	52-0728032	5,189	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	COMMUNITY HEALTH CHARITIES OF WASHINGTON STATE PO BOX 16727 SEATTLE, WA 98116-0727	91-0995998	9,607	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	CORRECTIONAL PEACE OFFICERS FDN 1346 N MARKET BLVD SACRAMENTO, CA 95834	68-0023302	11,964	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	DAWSON PLACE CHILD ADVOCACY CENTER 1509 CALIFORNIA ST EVERETT, WA 98201	27-0627714	15,430	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Name and address	DOMESTIC VIOLENCE SVCS FKA SNO CO CTR FOR BATTERED WOMEN PO BOX 7 EVERETT, WA 98206	91-0982722	38,990	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	EARTH SHARE OF WASHINGTON 1402 THIRD AVENUE STE 817 SEATTLE, WA 98101	91-1363472	13,029	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	EDMONDS COMMUNITY COLLEGE 20000 68TH AVE W EDMONDS, WA 98036	91-0825212	39,200	0
IRC code section	COMM COLLEGE			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	GRANTS			
Name and address	EVERETT GOSPEL MISSION PO BOX 423 EVERETT, WA 98206	91-0780146	11,920	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	EVERETT PUBLIC SCHOOLS FNDN PO BOX 3112 EVERETT, WA 98203	91-1329342	40,579	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	EVERETT PUBLIC SCHOOLS PO BOX 2098 EVERETT, WA 98213	99-9999999	12,000	0
IRC code section	PUBLIC SCHOOL DIST			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION GRANT			
Name and address	FOUNDATION FOR EDMONDS SCHOOL DISTRICT PO BOX 390 LYNNWOOD, WA 98046	91-1296816	6,545	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATIVE GRANT AND DONOR DESIGNATIONS			
Name and address	FRIENDS OF YOUTH-SNO CO 16225 NE 87TH STREET STE A6 REDMOND, WA 98052	91-0672501	11,498	0

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384-9616	30-0075789	11,928	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	GREATER TRINITY CHRISTIAN LEARNING ACADEMY 11229 4TH AVENUE W EVERETT, WA 98204	91-1872298	11,350	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	HABITAT FOR HUMANITY OF SNOHOMISH COUNTY 16929 HIGHWAY 99 STE 100 LYNNWOOD, WA 98037	91-1528130	6,107	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATIVE GRANT AND DONOR DESIGNATIONS			
Name and address	HAND IN HAND 14 E CASINO RD SUITE E EVERETT, WA 98208	01-0962762	38,839	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	HEARING SPEECH AND DEAFNESS CENTER 1625 19TH AVE SEATTLE, WA 98122	91-0681207	13,224	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	HOMAGE - SENIOR SERVICES OF SNO CO 8225 44TH AVENUE W SUITE O MUKILTEO, WA 98275	91-0910680	56,525	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	HOPEWORKS 3331 BROADWAY EVERETT, WA 98201	80-0684608	18,750	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Name and address	HOUSING CONSORTIUM-EVERETT AND SNOHOMISH COUNTY PO BOX 1326 EVERETT, WA 98206	13-4214361	10,000	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION GRANT			
Name and address	HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	94-3060709	217,775	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	LOCAL INDEPENDENT CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3042430	20,155	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	LUTHERAN COMMUNITY SERVICES NW 433 MINOR AVENUE N SEATTLE, WA 98109	93-0386860	244,079	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	MERCY HOUSING NORTHWEST 2505 THIRD AVE STE 204 SEATTLE, WA 98121	91-1546525	15,218	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			
Name and address	MILITARY VETERAN AND PATRIOTIC SVC ORG OF AMERICA PO BOX 45766 SAN FRANCISCO, CA 94145	94-3193418	6,432	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	NORTH COUNTIES FAMILY SERVICES PO BOX 1103 DARRINGTON, WA 98241	80-0594827	59,273	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	NORTHWEST HARVEST PO BOX 12272	91-0826037	13,036	0

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

	SEATTLE, WA 98102			
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	PARENT TRUST FOR WA CHILDREN 2200 RAINIER AVE SO SEATTLE, WA 98144	91-1036940	23,000	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			
Name and address	PLANNED PARENTHOOD OF THE GREAT NORTHWEST 2001 E MADISON STREET SEATTLE, WA 98122-2959	91-0686012	21,501	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	PROVIDENCE HOSPICE AND HOME CARE FDN - SNO CNTY 2731 WETMORE AVE STE 500 EVERETT, WA 98201	91-1054828	12,120	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	SEATTLE CHILDRENS HOSPITAL FOUNDATION 6901 SAND POINT WAY NE SEATTLE, WA 98115	91-1156519	5,855	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	SECRET HARBOR PO BOX 828 BURLINGTON, WA 98233	91-1025997	25,138	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	SHERWOOD COMMUNITY SERVICES 402 91ST AVENUE NE LAKE STEVENS, WA 98258	91-0762805	8,670	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	SNOHOMISH EDUCATION FOUNDATION PO BOX 1312 SNOHOMISH, WA 98291-1312	91-1363896	6,122	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Name and address	ST THOMAS ORTHODOX CHURCH 1309 BONNEVILLE AVE UNIT D SNOHOMISH, WA 98290	20-3914059	5,407	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	STANWOOD-CAMANO AREA FNDN PO BOX 1209 STANWOOD, WA 98292	91-6036846	9,933	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS			
Name and address	THE INTERFAITH ASSOC OF NW WA PO BOX 12824 EVERETT, WA 98206	91-1340220	24,800	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	UNITED WAY OF KING COUNTY 720 SECOND AVE SEATTLE, WA 98104-1702	91-0565555	16,499	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVENUE TACOMA, WA 98402	91-0650669	8,316	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	VILLAGE COMMUNITY SERVICES 3210 SMOKEY PT DR STE 200 ARLINGTON, WA 98223-7805	91-1459748	28,073	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	VOLUNTEERS OF AMERICA W WA PO BOX 839 EVERETT, WA 98206-0839	91-0577129	181,084	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	WITHIN REACH 155 NE 100TH ST STE 500 SEATTLE, WA 98125	91-1443685	33,750	0
IRC code section	501C3			

Schedule I, Part IV, Statement 1

UNITED WAY OF SNOHOMISH COUNTY

Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS			
Name and address	WORK OPPORTUNITIES 6515 202ND SW LYNNWOOD, WA 98036	91-0754419	86,131	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256-6033	20-2370934	6,186	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	DONOR DESIGNATIONS			
Name and address	YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER EVERETT, WA 98201	91-0565561	214,701	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	YOUTHNET PO BOX 217 MOUNT VERNON, WA 98273	91-0850397	7,894	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	PROGRAM GRANTS AND DONOR DESIGNATIONS			
Name and address	YWCA SEATTLE-KING CO-SNOHO CO 1118 5TH AVE SEATTLE, WA 98101	91-0482890	85,717	0
IRC code section	501C3			
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	COLLABORATION AND PROGRAM GRANTS AND DONOR DESIGNATIONS			

**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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>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</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>8 Were any amounts reported on 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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	165,015	0	0	9,958	7,461	182,434	0
	(ii)	0	0	0	0	0	0	0
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 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Form 990, Part III, Line 2 - In January 2017, United Way of Snohomish County adopted a new collaborative approach utilizing two national models: Collective Impact and a 2-Generational approach. This new work is called CORE: Creating Open Roads to Equity our new, collaborative approach that fundamentally changes the way partners work together, building a system of care around families. Through our CORE Collaborative, we support and invest in groups of community partners with a shared action plan to move families with young children out of the traps of poverty and down an open road to success.

Form 990, Part III, Line 3 - To move our new work forward, a reorganization of our staff structure was implemented in May 2017. This reorganization eliminated the Executive Vice President role and the Learning & Analytics department. New positions were created in every department to better support the CORE work, including roles in the areas of volunteer engagement, CORE Collaborative management, data management and individual giving.

Form 990, Part VI, Section B, Line 11b - The 990 is first reviewed by our Audit Committee Chair. 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 by the Finance Committee. It is then 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 & CEO to review. If they are still deemed to be a potential conflict, the Ethics Officer (currently Chair of the Audit Committee) is given the forms to review and make a ruling.

Form 990, Part VI, Section B, Line 15 - Our normal process is as follows: The Compensation Committee is formed annually and tasked with: 1. Review the President & CEO's and key employees' compensation research provided by the HR Director. 2. Review results of the President & CEO, and key employee's 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 Compensation Committee's meeting. This is an annual process, performed in June of each year. This year, a new CEO was hired on Jan 1, 2017. The compensation of the new CEO was reviewed and approved at that time. No raises were given during the rest of the fiscal year, so this process, though still valid, was not used.

Form 990, Part VI, Section C, Line 19 - Annually, our audit and our 990 are posted on our website and anyone making a request for this information will receive it either electronically or in hard copy.

Form 990, Part XI, Line 9 - Rounding