Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

u Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.
u The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: UNITED WAY OF ISLAND COUNTY
Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 798 — Room/suite:
City or town, state or country, and ZIP + 4: OAK HARBOR WA 98277-0798

D **Employer identification number** 91-0860836
E Telephone number 360-675-1778
F Group Exemption Number u

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [ ] Cash [X] Accrual
Other (specify) u

H Check u [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** u WWW.UNITEDWAYIC.ORG

J **Organization type** (check only one)— [X] 501(c) (3) t (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check u [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ u $ 636,077

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	568,291
	2	Program service revenue including government fees and contracts			2	61,705
	3	Membership dues and assessments			3	
	4	Investment income			4	6,081
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [ ]				SEE STMT 1
	a	Gross revenue (not including $ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	636,077
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2			10	518,045
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	95,365
	13	Professional fees and other payments to independent contractors			13	10,500
	14	Occupancy, rent, utilities, and maintenance			14	16,156
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ SEE STATEMENT 3)			16	25,197
	17	**Total expenses.** Add lines 10 through 16 ▶			17	665,263
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-29,186
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	298,464
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20	-357
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	268,921

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	323,832	22	276,709
23 Land and buildings	4,268	23	1,394
24 Other assets (describe ▶ SEE STATEMENT 5)	483,811	24	439,273
25 **Total assets**	811,911	25	717,376
26 **Total liabilities** (describe ▶ SEE STATEMENT 6)	513,447	26	448,455
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	298,464	27	268,921

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	COMMUNITY IMPACT - ALLOCATION OF CONTRIBUTIONS TO CHARITABLE 501 (C) (3) ORGANIZATIONS. (Grants $ 228,803) If this amount includes foreign grants, check here u ☐	28a	228,803
29	ALLOCATIONS OF COMBINED FEDERAL CAMPAIGN CONTRIBUTIONS TO CFC REGISTERED CHARITABLE ORGANIZATIONS (Grants $ 285,257) If this amount includes foreign grants, check here u ☐	29a	285,257
30	ALLOCATIONS PROGRAM - TO FACILITATE DISTRIBUTION OF FUNDS TO APPROVED CHARITABLE ORGANIZATIONS. (Grants $) If this amount includes foreign grants, check here u ☐	30a	28,405
31	Other program services (attach schedule) SEE STATEMENT 8 (Grants $) If this amount includes foreign grants, check here u ☐	31a	8,870
32	**Total program service expenses** (add lines 28a through 31a) u	32	551,335

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANDERSON, KEN 4297 HONEYMOON BAY RD.	GREENBANK WA 98253	DIRECTOR 1	0	0	0
BOLTE, BECKY 1000 SE REGATTA DRIVE	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
CLOORE, JIM 2350 DISCOVERY PLACE	LANGLEY WA 98260	DIRECTOR 1	0	0	0
COHICK, PATTY 1365 CHATHAM LANE	OAK HARBOR WA 98277	PRESIDENT 2	0	0	0
DONNELL, JOAN 2188 SW DILLARD LN	OAK HARBOR WA 98277	VICE PRES 2	0	0	0
FARINA, JOE PO BOX 1228	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
GARDINER, SHEILA PO BOX 928	LANGLEY WA 98260	DIRECTOR 1	0	0	0
GULLIFORD, GWYNNE 2159 BOULDER MEADOW BLVD	OAK HARBOR WA 98277	VICE PREWS 2	0	0	0
HOLMLY, KARI 450 SW BAYSHORE DRIVE	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
KITCHEL, NANCY PO BOX 340	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
MCKENNA, MICHELE 660 SE FIDALGO AVE	OAK HARBOR WA 98277	TREASURER 2	0	0	0
SEHLIN, SUSAN 2434 W. HASTIE LAKE RD	OAK HARBOR WA 98277	SECRETARY 2	0	0	0
SUNDOWN, TOM 1026 SW BARRINGTON DR	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
THORN, BILL PO BOX 5	STANWOOD WA 98292	DIRECTOR 1	0	0	0
WEINSHEIMER, BILL 950 NW 2ND AVE	OAK HARBOR WA 98277	DIRECTOR 1	0	0	0
WOFFARD, LINDA 125 N. HOLLYBERRY RD.	COUPEVILLE WA 98239	DIRECTOR 1	0	0	0
NIIRO, CATHY PO BOX 708	OAK HARBOR WA 98277	EXE DIRECTOR 40	50,598	7,539	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u			
d	Enter amount of tax on line 40c reimbursed by the organization u			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. u WA

42a The books are in care of u CATHY NIIRO Telephone no. u 360-675-1778

Located at u 830 SE BAYSHORE DR, #202 OAK HARBOR, WA ZIP + 4 u 98277

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country: u			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: u			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041—**Check here u ☐
and enter the amount of tax-exempt interest received or accrued during the tax year u 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

Total number of other employees paid over $100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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.

▶ Signature of officer — Date

▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date 7/13/09	Check if self-employed ☐	Preparer's Identifying Number (See instr.) P00059791
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	PADGETT & PADGETT, PLLC 1302 CLEVELAND AVE MOUNT VERNON, WA 98273	EIN 91-2085467	Phone no. 360-424-1040

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF ISLAND COUNTY

Employer identification number 91-0860836

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: (Please check only **one** organization.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III–Functionally Integrated **d** [ ] Type III–Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		**(vii)** Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	694,279	692,274	691,729	601,293	568,291	3,247,866
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	694,279	692,274	691,729	601,293	568,291	3,247,866
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)						306,207
6 Public support. Subtract line 5 from line 4						2,941,659

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	694,279	692,274	691,729	601,293	568,291	3,247,866
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,094	4,979	6,540	7,209	6,081	28,903
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	55,225	64,926	56,033	64,315	61,705	302,204
11 **Total support.** Add lines 7 through 10						3,578,973

12 Gross receipts from related activities, etc. (see instructions) 12

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 82.1928 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 91.6590 %

16a **33 1/3 % support test—2008.** 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 ▶ ☒

b **33 1/3 % support test—2007.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** 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—2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

ADMIN FEES AND EXPENSE REIMBURSEMENT $ 302,204

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization	**Employer identification number**
UNITED WAY OF ISLAND COUNTY	91-0860836

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ . . . .

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED WAY OF ISLAND COUNTY

Employer identification number
91-0860836

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BOEING CORPORATION PO BOX 3707 SEATTLE WA 98124-2207	$ 40,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	BOEING EMPLOYEES COMMUNITY FUND PO BOX 3707 SEATTLE WA 98124-2207	$ 78,918	Person [ ] Payroll [X] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	SEAMAN, EMILY PO BOX 879 FREELAND WA 98249	$ 14,249	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	CFC OF ISLAND COUNTY PO BOX 798 OAK HARBOR WA 98277	$ 17,202	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2008

Attachment Sequence No. 67

Name(s) shown on return: UNITED WAY OF ISLAND COUNTY

Identifying number: 91-0860836

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,534

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	2,534
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description: How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
COMPACT REFRIGERATOR PURCHASE		10/12/97	6/01/08	$	$ 109	$ 109	$
SUCCESS BY SIX VAN PURCHASE		12/12/03	2/18/08		5,357	5,357	
TOTAL				$ 0	$ 5,466	$ 5,466	$ 0

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift				
Description of Property	**Cash Contribution**	**Noncash Contribution**	**Book Value**	**Book Value Explanation**	**FMV Explanation**	**Purpose**	
CENTRAL WHIDBEY YOUTH COALITION PO BOX 532 COUPEVILLE, WA 98239	5,019					COMMUNITY IMPACT	
CITIZENS AGAINST DOMESTIC ABUSE PO BOX 190 OAK HARBOR, WA 98277	18,000					COMMUNITY IMPACT	
COMBINED FEDERAL CAMPAIGN AGENCIES VARIOUS VARIOUS, WA VARIOUS	285,257					COMBINED FEDREAL CAM	

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address / Description of Property	Cash Contribution	Relationship to Organization / Noncash Contribution	Book Value	Class of Activity / Book Value Explanation	Date of Gift / FMV Explanation	Purpose
COMMUNITY RESOUCES FOUNDATION PO BOX 935 STANWOOD, WA 98292-0935	6,500					COMMUNITY IMPACT
COMPASS HEALTH PO BOX 3810 EVERETT, WA 98203	35,000					COMMUNITY IMPACT
NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY OAK HARBOR, WA 98277	6,000					COMMUNITY IMPACT
SENIOR SERVICES OF ISLAND COUNTY 14594 SR 525 LANGLEY, WA 98260	14,000					COMMUNITY IMPACT
SOUTH WHIDBEY CHILDREN'S CENTER 120 SIXTH STREET LANGLEY, WA 98260	23,000					COMMUNITY IMPACT

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address / Description of Property	Cash Contribution	Relationship to Organization / Noncash Contribution	Book Value	Class of Activity / Book Value Explanation	Date of Gift / FMV Explanation	Purpose
SOUTH WHIDBEY YOUTH CENTER PO BOX 331 LANGLEY, WA 98260	14,000					COMMUNITY IMPACT
STANWOOD SENIOR CENTER 7430 276TH ST NW STANWOOD, WA 98292	11,500					COMMUNITY IMPACT
THE OPPORTUNITY COUNCIL 314 E. HOLLY BELLINGHAM, WA 98225	23,000					COMMUNITY IMPACT
TODDLER LEARNING CENTER PO BOX 633 OAK HARBOR, WA 98277	21,000					COMMUNITY IMPACT
UW DONOR DESIGNATED AGENCIES VARIOUS VARIOUS, WA VARIOUS	28,784					COMMUNITY IMPACT

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address / Description of Property	Cash Contribution	Relationship to Organization / Noncash Contribution	Book Value	Class of Activity / Book Value Explanation	Date of Gift / FMV Explanation	Purpose
UNITED WAYS OF WASHINGTON 2150 107TH ST STE 205 SEATTLE, WA 98133	551					LEADERSHIP & ADVICE
UNITED WAY OF AMERICA 701 N FAIRFAX ST ALEXANDRIA, VA 22134	3,434					NATIONAL OVERSIGHT
TOTAL	495,045					

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
TRAVEL	2,817
CONFERENCES AND MEETINGS	3,354
SUPPLIES	1,450
TELEPHONE	3,039
POSTAGE AND SHIPPING	909
EQUIPMENT RENTAL & MAINT	1,860
PRINTING	7,028
ADVERTISING	924
MISCELLANEOUS	505
INSURANCE	3,311
TOTAL	$ 25,197

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
DONATED SERVICES AND USE OF FACILITIES	$ -357
TOTAL	$ -357

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PLEDGES RECEIVABLE	$ 493,787	$ 442,440
LESS ALLOWANCE	11,545	3,967
PREPAID EXPENSES AND DEFERRED CHARGES	1,569	800
	483,811	439,273

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 10,017	$ 7,678
GRANTS PAYABLE	503,430	440,777
	513,447	448,455

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
THE ORGANIZATION CONDUCTS AN ANNUAL FUNDRAISING CAMPAIGN ON BEHALF OF CHARITABLE 501 (C)(3) ORGANIZATIONS IN ISLAND COUNTY, WASHINGTON. IT ALSO CONTRACTS WITH THE COMBINED FEDERAL CAMPAIGN TO CUNDUCT ITS ANNUAL FUNDRAISING CAMPAIGN ON A MAJOR NAVY BASE LOCATED IN OAK HARBOR, WA.

Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
CHILDREN'S PROGRAMS DESIGNED TO ASSIST CHILDREN IN BEING PREPARED TO ENTER SCHOOL AND BE READY TO LEARN.
OTHER PROGRAMS

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
PROPERTY AND EQUIPMENT	$ 19,839	$ 15,571	$ 14,373	$ 12,979
TOTAL	$ 19,839	$ 15,571	$ 14,373	$ 12,979

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
PUBLIC CONTRIBUTION	$ 2,870,080	$
BOEING ECF	377,786	306,207
TOTAL	$ 3,247,866	$ 306,207