

## Forms 990 / 990-EZ Return Summary

For calendar year 2007, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

91-0860836

### UNITED WAY OF ISLAND COUNTY

**Net Asset / Fund Balance at Beginning of Year** 376,953

#### Revenue

Contributions	601,293
Program service revenue	64,315
Investment income	7,209
Capital gain / loss	_____
Special events:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	_____
<b>Total revenue</b>	<b>672,817</b>

#### Expenses

Program services	632,790
Management and general	59,325
Fundraising	51,361
Payments to affiliates	3,604
<b>Total expenses</b>	<b>747,080</b>

**Excess / (deficit)**

-74,263

Other changes

-4,226

**Net Asset / Fund Balance at End of Year**

298,464

#### Reconciliation of Revenue

Total revenue per financial statements	307,569
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	365,248
Total revenue per return	<u>672,817</u>

#### Reconciliation of Expenses

Total expenses per financial statements	386,058
Less:	
Donated services	4,226
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	365,248
Total expenses per return	<u>747,080</u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	949,846	811,911	
Liabilities	572,893	513,447	
Net assets	<u>376,953</u>	<u>298,464</u>	<u>-78,489</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 8/15/08  
 Failure to file penalty \_\_\_\_\_

Form **990**

**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)

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>UNITED WAY OF ISLAND COUNTY</b>		<b>D</b> Employer identification number <b>91-0860836</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 798</b>		<b>E</b> Telephone number <b>360-675-1778</b>
		City or town, state or country, and ZIP + 4 <b>OAK HARBOR WA 98277-0798</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** WWW.UNITEDWAY-WA.ORG/ISLA

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

**K** Check here  if the organization is not a 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** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line **672,817**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b		601,293	
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 601,293 noncash \$ )	1e			601,293
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			64,315
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			7,209
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe )	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	<b>b</b> Less: cost or other basis and sales expenses	8b			
	<b>c</b> Gain or (loss) (attach schedule)	8c			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			672,817	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		632,790	
	<b>14</b> Management and general (from line 44, column (C))	14		59,325	
	<b>15</b> Fundraising (from line 44, column (D))	15		51,361	
	<b>16</b> Payments to affiliates (attach schedule) SEE STATEMENT 1	16		3,604	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			747,080
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		-74,263	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		376,953	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		-4,226	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			298,464

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22a Grants paid from donor advised funds, 22b Other grants and allocations (STMT 3), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A, 25b Compensation of former officers, directors, key employees, etc. listed in Part V-B, 25c Compensation and other distributions, not included above, to disqualified persons, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a-27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a SEE STATEMENT 4, b, c, d, e, f, g, 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No If "Yes," enter (i) the aggregate amount of these joint costs; (ii) the amount allocated to Program services; (iii) the amount allocated to Management and general; and (iv) the amount allocated to Fundraising

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a COMMUNITY IMPACT - ALLOCATION OF CONTRIBUTIONS TO CHARITABLE 501 (C) (3) ORGANIZATIONS.**

(Grants and allocations \$ **282,461** ) If this amount includes foreign grants, check here

**282,461**

**b ALLOCATIONS OF COMBINED FEDERAL CAMPAIGN CONTRIBUTIONS TO CFC REGISTERED CHARITABLE ORGANIZATIONS**

(Grants and allocations \$ **318,650** ) If this amount includes foreign grants, check here

**318,650**

**c ALLOCATIONS PROGRAM - TO FACILITATE DISTRIBUTION OF FUNDS TO APPROVED CHARITABLE ORGANIZATIONS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**25,781**

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

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**4,680**

**e Other program services (attach schedule) SEE STMT 6**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**1,218**

**f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶**

**632,790**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

Table with columns (A) Beginning of year and (B) End of year. Rows include Assets (45-59), Liabilities (60-66), and Net Assets or Fund Balances (67-74). Total assets: 949,846; Total liabilities: 572,893; Total net assets: 376,953.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>307,569</b>
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments	<b>b1</b>		
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify):	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>307,569</b>
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify):	<b>d2</b>		
<b>SEE STATEMENT 8</b>			<b>365,248</b>
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	<b>365,248</b>
<b>e</b> <b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>672,817</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	<b>386,058</b>
<b>b</b> Amounts included on line <b>a</b> but not Part I, line 17:			
<b>1</b> Donated services and use of facilities	<b>b1</b>		<b>4,226</b>
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b> Other (specify):	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	<b>4,226</b>
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>381,832</b>
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify):	<b>d2</b>		
<b>SEE STATEMENT 9</b>			<b>365,248</b>
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	<b>365,248</b>
<b>e</b> <b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>747,080</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
<b>SEE STATEMENT 10</b>				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (16), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (X), 77 (X), 78a (X), 78b, 79 (X), 80a (X), 80b, 81a (0), and 81b (X).

<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>N / A</b>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	<b>N / A</b>
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b>	<b>N / A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	<b>N / A</b>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	<b>N / A</b>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	<b>N / A</b>
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>0</b>	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<b>0</b>	
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>WA</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	<b>2</b>
<b>91a</b>	The books are in care of <b>CATHY NIIRO</b> Telephone no. <b>360-675-1778</b> <b>830 SE BAYSHORE DR, #202</b> Located at <b>OAK HARBOR, WA</b> ZIP + 4 <b>98277</b>		
<b>b</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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>	<b>X</b>



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** \_\_\_\_\_

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>CFC EXPENSE REIMBURSEMENT</b>					<b>57,820</b>
<b>b</b> <b>DESIGNATED DONATION FEE</b>					<b>3,971</b>
<b>c</b> <b>OTHER PROGRAM FEES AND INCOME</b>					<b>2,524</b>
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments _____					
<b>g</b> Fees and contracts from government agencies _____					
<b>94</b> Membership dues and assessments _____					
<b>95</b> Interest on savings and temporary cash investments _____			<b>14</b>	<b>7,209</b>	
<b>96</b> Dividends and interest from securities _____					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property _____					
<b>b</b> not debt-financed property _____					
<b>98</b> Net rental income or (loss) from personal property _____					
<b>99</b> Other investment income _____					
<b>100</b> Gain or (loss) from sales of assets other than inventory _____					
<b>101</b> Net income or (loss) from special events _____					
<b>102</b> Gross profit or (loss) from sales of inventory _____					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) _____		<b>0</b>		<b>7,209</b>	<b>64,315</b>
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) _____					<b>71,524</b>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>93A</b>	<b>EXPENSE REIMBURSEMENT FOR CFC MANAGEMENT HELPS COVER OVERHEAD FOR RUNNING BOTH UNITED WAY AND CFC CAMPAIGNS.</b>
<b>93B</b>	<b>ADMIN FEES CHARGED TO NON-MEMBER AGENCIES HELPS COVER OVERHEAD FROM RUNNING UNITED WAY CAMPAIGN.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please 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.

\_\_\_\_\_ Date  
 Signature of officer

\_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	Date <b>8/05/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00059791</b>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
<b>PADGETT &amp; PADGETT, PLLC</b> <b>1302 CLEVELAND AVE</b> <b>MOUNT VERNON, WA 98273</b>	<b>91-2085467</b>		<b>360-424-1040</b>

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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ISLAND COUNTY

Employer identification number  
**91-0860836**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>			
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a		X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b></p>	2d	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e		X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	691,729	692,274	694,279	761,711	2,839,993
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,540	4,979	4,094	6,486	22,099
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>STMT 11</b>	56,033	64,926	55,225	60,158	236,342
<b>23</b> Total of lines 15 through 22	754,302	762,179	753,598	828,355	3,098,434
<b>24</b> Line 23 minus line 17	754,302	762,179	753,598	828,355	3,098,434
<b>25</b> Enter 1% of line 23	7,543	7,622	7,536	8,284	

<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	61,969
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	3,098,434
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>22,099</u> 19 _____ 22 <u>236,342</u> 26b _____	<b>26d</b>	258,441
<b>e</b> Public support (line 26c minus line 26d total)	<b>26e</b>	2,839,993
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	91.6590%

<b>27 Organizations described on line 12: a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____	<b>N/A</b>	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____	<b>N/A</b>	
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		<b>N/A</b>	<b>Yes</b>	<b>No</b>
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges? .....	<b>33a</b>		
<b>b</b>	Admissions policies? .....	<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff? .....	<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance? .....	<b>33d</b>		
<b>e</b>	Educational policies? .....	<b>33e</b>		
<b>f</b>	Use of facilities? .....	<b>33f</b>		
<b>g</b>	Athletic programs? .....	<b>33g</b>		
<b>h</b>	Other extracurricular activities? .....	<b>33h</b>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>		
	If you answered "Yes" to either 34a or b, please explain using an attached statement. .....			
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>			
Not over \$500,000 .....	20% of the amount on line 40		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 3 columns: Question label, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**2007**

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

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

Employer identification number

**UNITED WAY OF ISLAND COUNTY****91-0860836**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

**General Rule—**

- For 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—**

- 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

**UNITED WAY OF ISLAND COUNTY**

Employer identification number

**91-0860836****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>BOEING EMPLOYEES COMUNITY FUND</u> <u>PO BOX 3707</u> <u>SEATTLE WA 98124-2207</u>	\$ <u>95,443</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>SEAMAN, EMILY</u> <u>PO BOX 879</u> <u>FREELAND WA 98249</u>	\$ <u>14,506</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>YEAKEL, JUDY</u> <u>PO BOX 579</u> <u>LANGLEY WA 98260</u>	\$ <u>12,097</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>MASSEY, BILL &amp; KATHY</u> <u>1822 E. LOIA BEACH LANE</u> <u>OAK HARBOR WA 98277</u>	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Federal Statements****Statement 1 - Form 990, Part I, Line 16 - Payments to Affiliates**

<u>Bus Name Address</u>	<u>Purpose</u>	<u>Amount</u>
UNITED WAY OF AMERICA 701 N FAIRFAX ST ALEXANDRIA VA 22134	NATIONAL OVERSIGHT	\$ 3,205
UNITED WAYS OF WASHINGTON 2150 107TH ST STE 205 SEATTLE WA 98133	LEADERSHIP & ADVICE	399
TOTAL		<u>\$ 3,604</u>

# Federal Statements

## Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
DONATED SERVICES AND USE OF FACILITIES	\$ <u>-4,226</u>
TOTAL	\$ <u><u>-4,226</u></u>

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Date of Gift	Description of Property						
ARMED SERVICES YMCA			\$ 4,863	\$			
540 SE PIONEER WAY							
OAK HARBOR WA 98277							
BIG BROTHERS BIG SISTERS OF ISLAND			6,000				
913 E. WHIDBEY AVE							
OAK HARBOR WA 98277							
BOY SCOUTS OF AMERICA			5,000				
1715 100TH PL							
EVERETT WA 98208							
CENTRAL WHIDBEY YOUTH COALITION			6,000				
PO BOX 532							
COUPEVILLE WA 98239							
CITIZENS AGAINST DOMESTIC ABUSE			20,000				
PO BOX 190							
OAK HARBOR WA 98277							
COMMUNITY RESOURCES FOUNDATION			7,500				
PO BOX 935							

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
STANWOOD WA 98292-0935					\$	\$	\$		
COMPASS HEALTH					51,000				
PO BOX 3810									
EVERETT WA 98203									
GIRL SCOUTS TOTEM COUNCIL					5,000				
3611 WOODLAND PARK AVE									
SEATTLE WA 98103									
NORTH WHIDBEY HELP HOUSE					7,000				
1091 SE HATHAWAY									
OAK HARBOR WA 98277									
THE OPPORTUNITY COUNCIL					25,000				
314 E. HOLLY									
BELLINGHAM WA 98225									
SENIOR SERVICES OF ISLAND COUNTY					18,000				
14594 SR 525									
LANGLEY WA 98260									
SOUTH WHIDBEY CHILDREN'S CENTER					27,000				

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
120 SIXTH STREET LANGLEY WA 98260					\$	\$	\$		
SOUTH WHIDBEY YOUTH CENTER PO BOX 331 LANGLEY WA 98260					15,000				
STANWOOD SENIOR CENTER 7430 276TH ST NW STANWOOD WA 98292					12,500				
TODDLER LEARNING CENTER PO BOX 633 OAK HARBOR WA 98277					21,000				
VOLUNTEER LAWYER PROGRAM OF ISLAND VARIOUS VARIOUS WA VARIOUS					5,000				
COMBINED FEDERAL CAMPAIGN AGENCIES VARIOUS VARIOUS WA VARIOUS					318,650				



## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
UW DONOR DESIGNATED AGENCIES					\$ 46,598	\$			
VARIOUS									
VARIOUS WA VARIOUS									
TOTAL					<u>\$ 601,111</u>	<u>\$ 0</u>	<u>\$ 0</u>		

**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
EXPENSES	\$	\$	\$	\$
ADVERTISING	1,562	484	683	395
MISCELLANEOUS	731	12	68	651
INSURANCE	2,570	919	764	887
DUES AND SUBSCRIPTIONS	503	140	139	224
TOTAL	<u>\$ 5,366</u>	<u>\$ 1,555</u>	<u>\$ 1,654</u>	<u>\$ 2,157</u>

**Federal Statements**

**Statement 5 - Form 990, 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 6 - Form 990, Part III, Line e - Other Program Services**

Description

OTHER PROGRAMS

**Federal Statements****Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
PROPERTY AND EQUIPMENT	\$ 35,824	\$ 27,762	\$ 19,839	\$ 15,571
TOTAL	<u>\$ 35,824</u>	<u>\$ 27,762</u>	<u>\$ 19,839</u>	<u>\$ 15,571</u>

**Federal Statements****Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
DESIGNATED UNITED WAY/CFC CAMPAIGN CONTRIBUTIONS	\$ 365,248
TOTAL	\$ 365,248

**Statement 9 - Form 990, Part IV-B - Other Expenses included on Return**

<u>Description</u>	<u>Amount</u>
DESIGNATED UNITED WAY/CFC CONTRIBUTIONS	\$ 365,248
TOTAL	\$ 365,248

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ANDERSON, KEN 4297 HONEYMOON BAY RD GREENBANK WA 98253	DIRECTOR	1	0	0	0
BOLTE, BECKY 1000 SE REGATTA DR OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
DONNELL, JOAN 2188 SW DILLARD LN OAK HARBOR WA 98277	ACTING PRESI	2	0	0	0
FARINA, JOE PO BOX 1228 OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
KITCHEL, NANCY PO BOX 340 OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
MCDONALD, ANN 2209 CRANES LANDING GREENBANK WA 98253	DIRECTOR	1	0	0	0
SEHLIN, SUSAN 2434 W. HASTIE LAKE RD OAK HARBOR WA 98277	SECRETARY	2	0	0	0
THORN, BILL PO BOX 5 STANWOOD WA 98292	DIRECTOR	1	0	0	0
WOFFARD, LINDA 125 N. HOLLYBERRY RD COUPEVILLE WA 98239	DIRECTOR	1	0	0	0

## Federal Statements

### Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
WEINSHEIMER, BILL 950 NW 2ND AVE. OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
MCKENNA, MICHELE 660 SE FIDALGO AVE OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
HOLMLY, KARI 450 SW BAYSHORE 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 32875 S.R. 20, SUITE 4 OAK HARBOR WA 98277	DIRECTOR	1	0	0	0
HAMAN, RAY PO BOX 926 LANGLEY WA 98260	DIRECTOR	1	0	0	0
SHUMATE, CURTIS LOERLAND OAK HARBOR WA 98277	TREASURER	2	0	0	0
NIIRO, CATHY P.O. BOX 708 OAK HARBOR WA 98277	EXEC DIR	40	46,488	0	0

**Federal Statements****Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
ADMIN FEES AND EXPENSE REIMBURSEMENT	\$ <u>56,033</u>	\$ <u>64,926</u>	\$ <u>55,225</u>	\$ <u>60,158</u>
TOTAL	\$ <u><u>56,033</u></u>	\$ <u><u>64,926</u></u>	\$ <u><u>55,225</u></u>	\$ <u><u>60,158</u></u>



**Federal Statements****Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
CONTRIBUTIONS FROM SCHEDULE B	\$ 145,282	\$	\$ 145,282
TOTAL	\$ 145,282	\$ 0	\$ 145,282