

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/1/2004, and ending 6/30/2005

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

C Name of organization: **UNITED WAY OF WHATCOM COUNTY**
 Number and street (or P O box if mail is not delivered to street address) Room/suite: _____
1511 CORNWALL AVE
 City or town State or country ZIP + 4:
BELLINGHAM WA 98225

D Employer identification number: 91-0570788
E Telephone number: (360) 733-8670

F Accounting method: Cash Accrual
 Other (specify) ▶ _____

G Website: ▶ www.unitedwaywhatcom.org

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,723,404

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		1,679,615	
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>1,679,615</u> noncash \$ _____)	1d			1,679,615
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			16,045
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7 Other investment income (describe ▶ <u>UNREALIZED GAIN ON INVESTMENTS</u>)	7			2,912
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a	8b	539	
	c Gain or (loss) (attach schedule)	8c		-539	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-539
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		24,832	
	b Less: direct expenses other than fundraising expenses	9b		8,655	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			16,177
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,714,210
Expenses	13 Program services (from line 44, column (B))	13			1,461,792
	14 Management and general (from line 44, column (C))	14			129,224
	15 Fundraising (from line 44, column (D))	15			106,287
	16 Payments to affiliates (attach schedule)	16			14,896
	17 Total expenses (add lines 16 and 44, column (A))	17			
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			2,011
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,447,493
	20 Other changes in net assets or fund balances (attach explanation)	20			-57,706
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			

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COMMUNITY

23

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 page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	1,401,120	1,401,120		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	71,237	21,371	35,619	
26	Other salaries and wages	26	83,998	24,446	34,950	
27	Pension plan contributions	27	12,513	1,502	5,005	
28	Other employee benefits	28	10,764	1,291	4,306	
29	Payroll taxes	29	17,194	6,362	5,330	
30	Professional fundraising fees	30				
31	Accounting fees	31	9,954		9,954	
32	Legal fees	32				
33	Supplies	33	1,319	382	857	
34	Telephone	34	3,707	1,112	1,854	
35	Postage and shipping	35	1,436	144	1,005	
36	Occupancy	36	39,214		39,214	
37	Equipment rental and maintenance	37	5,100	1,275	2,805	
38	Printing and publications	38	9,368	937	7,963	
39	Travel	39	1,597	447	607	
40	Conferences, conventions, and meetings	40	939	164	576	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	16,640		16,640	
43	Other expenses not covered above (itemize) a INSURANCE	43a	2,171		2,171	
	b CAMPAIGN SUPPLIES	43b	1,908		1,908	
	c ADVERTISING	43c	2,198		2,198	
	d EMPLOYEE RECRUITING	43d	326	98	163	
	e BANK & INVESTMENT FEES	43e	4,243	1,023	1,023	
	f OTHER	43f	357	118	118	
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44	1,697,303	1,461,792	129,224	106,287

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 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 page 25 of the instructions)

What is the organization's primary exempt purpose? **SEE PRIMARY EXEMPT PURPOSE STATEMENT ATTACHED**

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	ALLOCATIONS PAID TO PARTNER AGENCIES SEE EXHIBIT A (Grants and allocations \$ 971,999)	1,032,671
b	VENTURE AND TECHNICAL GRANTS- AMOUNTS GRANTED TO AGENCIES THAT APPLIED BASED ON SPECIFIC CRITERIA-SEE EXHIBIT C (Grants and allocations \$ 18,720)	18,720
c	DONOR DESIGNATIONS- DONATIONS DESIGNATED BY DONORS PAID TO AGENCIES SEE EXHIBIT B (Grants and allocations \$ 410,401)	410,401
d	 (Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,461,792

Part IV Balance Sheets (See page 25 of the instructions.)

				(A)		(B)	
		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing		750,765	45	872,464	
	46	Savings and temporary cash investments			46		
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b		47c		
	48 a	Pledges receivable	48a	715,164			
	b	Less: allowance for doubtful accounts	48b	95,880	612,473	48c	619,284
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51 a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		7,742	53	1,525	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55 a	Investments—land, buildings, and equipment basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b		55c		
56	Investments—other (attach schedule)		145,267	56	155,867		
57 a	Land, buildings, and equipment: basis	57a	123,668				
b	Less: accumulated depreciation (attach schedule)	57b	101,804	33,225	57c	21,864	
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		167,924	58	114,709		
59	Total assets (add lines 45 through 58) (must equal line 74)		1,717,396	59	1,785,713		
Liabilities	60	Accounts payable and accrued expenses		10,929	60	21,688	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> DESIGNATIONS PAYABLE)		258,974	65	372,227	
66	Total liabilities (add lines 60 through 65)		269,903	66	393,915		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		223,321	67	151,593	
	68	Temporarily restricted		1,140,859	68	1,156,892	
	69	Permanently restricted		83,313	69	83,313	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		1,447,493	73	1,391,798	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		1,717,396	74	1,785,713	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,258,358
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 3,600		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): SPECIAL EVENT I \$ 8,655		
	Add amounts on lines (1) through (4)	b	12,255
c	Line a minus line b	c	1,246,103
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): DONOR DESIGNATION \$ 372,227 ALLOW BAD DEB \$ 95,880		
	Add amounts on lines (1) and (2)	d	468,107
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,714,210

a	Total expenses and losses per audited financial statements	a	1,314,053
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 3,600		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	3,600
c	Line a minus line b	c	1,310,453
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): DONOR DESIGNATION \$ 401,209 LOSS DISPOSE ASSET \$ 537		
	Add amounts on lines (1) and (2)	d	401,746
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,712,199

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
Name PETE ATHA Str 1511 CORNWALL A City BELLINGHAM ST WA ZIP 98225	Title EXEC. DIRECTOR Hr/WK 40	71,237	5,539	
Name TERRY BELCOE Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title CHAIR Hr/WK 2			
Name TERRY BELCOE Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title TREASURER Hr/WK 1			
Name DARIN RICE Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title VICE CHAIR Hr/WK 1			
Name JENNIFER KUTCH Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title ASST TREAS Hr/WK 1			
Name JOHN MACPHERSON Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title PAST PRES Hr/WK 1			
Name STEPHEN OMTA Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title CAMPAIGN CHAIR Hr/WK 2			
Name PEGGY ONUSTAK Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title DISTRIBUTION Hr/WK 2			
Name ANDREW BODMAN Str 1511 CORNWALL City BELLINGHAM ST WA ZIP 98225	Title DIRECTOR Hr/WK 1			
Name SEE ATTACHED Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
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.)	82b	3,600
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	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?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____, section 4912 _____; section 4955 _____		
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	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		WA
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	3
91	The books are in care of Name PETER THEISSEN, CHIEF PAID OFFICER Telephone no (360) 733-8670 Located at 1511 CORNWALL AVE BELLIN City ST ZIP + 4 98225		
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	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of 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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,045	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	2,912	
100 Gain or (loss) from sales of assets other than inventory			18	-539	
101 Net income or (loss) from special events					16,177
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				18,418	16,177
105 Total (add line 104, columns (B), (D), and (E))					34,595

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

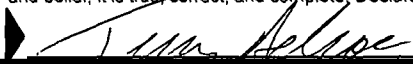
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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)

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.

Please Sign:  Date: 12/29/05

rd Chair

Date: 12/29/05

Check if self:

Preparer's SSN or PTIN (See Gen Inst W)

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization UNITED WAY OF WHATCOM COUNTY	Employer identification number 91-0570788
---	---

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 ▶	NONE			

Part II 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
Name <input type="checkbox"/> Check here if a business Str ----- City ST ZIP Country		
Name <input type="checkbox"/> Check here if a business Str ----- City ST ZIP Country		
Name <input type="checkbox"/> Check here if a business Str ----- City ST ZIP Country		
Name <input type="checkbox"/> Check here if a business Str ----- City ST ZIP Country		
Name <input type="checkbox"/> Check here if a business Str ----- City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

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

		Yes	No
1	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)		X
	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.		
2	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)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 ► _____ City _____ ST _____ Country _____
- 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)
- 11 a 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)
- 11 b 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE EXHIBIT A LISTING OF SUPPORTED ORGANIZATIONS	

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a

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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines: 18 _____ 19 _____ ▶ 26d
 22 _____ 26b _____ ▶ 26e

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f

27 Organizations described on line 12: a 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:
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

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 11, 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
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add Amounts from column (e) for lines: 15 _____ 16 _____ ▶ 27c
 17 _____ 20 _____ 21 _____ ▶ 27d

d Add Line 27a total _____ and line 27b total _____ ▶ 27e

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 7 of the instructions)

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

N/A

	Yes	No
29 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?		
30 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?		
31 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to.		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	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 11 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Line 1a (990) - Direct public support

1	Contributions	1	1,679,615
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,679,615

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name	KICKOFF & WRAPUP	-----	-----	-----
1a	Number of special events	3	-----	-----	-----
2	Gross receipts	24,832	-----	-----	24,832
3	Less contributions	-----	-----	-----	-----
4	Gross revenue	24,832	-----	-----	24,832
5	Less direct expenses	8,655	-----	-----	8,655
6	Net income or (loss)	16,177	-----	-----	16,177

Line 20 (990) - Other changes in net assets or fund balances

1	DECREASE IN BAD DEBT ALLOWANCE -CURRENT CAMPAIGN	1	-95,880
2	CHANGE IN DESIGNATIONS	2	38,174
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	-57,706

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CAMPAIGN PLEDGES	1	708,755		
2	CAMPAIGN PLEDGES-NEXT YEAR	2		96,282	95,880
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total pledges receivable	11	708,755	96,282	95,880

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

			Book value	Beginning	End
			FMV	FMV	FMV
1	BOARD DESIGNATED INVESTMENTS	1		145,267	155,867
2		2			
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total other investments	11		145,267	155,867

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)		

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	SEE LISTING	131,011	123,668	97,786	101,804
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	131,011	123,668	97,786	101,804
18	Buildings and equipment (less accumulated depreciation)			33,225	21,864
19	Total land, buildings and equipment			33,225	21,864

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total			

Line 58 (990) - Other assets

		Beginning	End
1	OTHER ASSET	5,924	2,478
2	PREPAID ALLOCATIONS	162,000	
3	PREPAID DESIGNATIONS		112,231
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	167,924	114,709

Line 65 (990) - Other liabilities

		Beginning	End
1	DESIGNATIONS PAYABLE	258,974	372,227
2	.....	
3	.....	
4	.....	
5	.....	
6	.....	
7	.....	
8	.....	
9	.....	
10	.....	
11	Total other liabilities	258,974	372,227

EXHIBIT A- ALLOCATIONS -SUPPORTED ORGANIZATIONS

	Total:	971,999
1	AMERICAN RED CROSS	111,600
2	BOYS AND GIRLS CLUB WHATCOM	60,000
3	BRIGID COLLINS HOUSE	90,000
4	SALVATION ARMY	50,401
5	YMCA	75,600
6	WHATCOM COUNSELING & PSYCHIATRIC CLINIC	72,000
7	OPPORTUNITY COUNCIL	45,600
8	WOMENCARE SHELTER	48,600
9	YWCA	76,170
10	CATHOLIC COMMUNITY SERVICES	40,320
11	INTERFAITH COMMUNITY HEALTH SERVICES	12,000
12	BELLINGHAM COMMUNITY CHILD CARE CENTER	34,800
13	LYDIA PLACE	18,000
14	WHATCOM CENTER FOR EARLY LEARNING	29,908
15	NORTHWEST YOUTH SERVICES	39,600
16	SUN COMMUNITY SERVICES	30,000
17	DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES	6,000
18	BIG BROTHERS AND BIG SISTERS	16,800
19	SAMISH CAMP FIRE COUNCIL	9,000
20	WHATCOM LITERACY COUNCIL	15,600
21	HEALTH SUPPORT CENTER	24,000
22	ARC OF WHATCOM COUNTY	10,800
23	MAX HIGBEE RECREATION CENTER	11,400
24	WHATCOM VOLUNTEER CENTER	24,000
25	BELLINGHAM MOUNTAIN RESCUE	1,800
26	TOTEM GIRL SCOUTS	12,000
27	EVERGREEN AIDS	6,000
28	.....

EXHIBIT C - VENTURE AND OTHER GRANTS TO ORGANIZATIONS

	Total:	18,720
1	AMERICAN RED CROSS	720
2	TECHICAL AND COMMUNITY INITIATIVES GRANT	18,000
3	
4	
5	
6	
7	
8	
9	
10	
11	

EXHIBIT B - DESIGNATIONS -SUPPORTED ORGANIZATIONS

	Total:	410,401
1 AMERICAN RED CROSS	1	17,063
2 BOYS AND GIRLS CLUB WHATCOM	2	18,132
3 BRIGID COLLINS HOUSE	3	17,423
4 SALVATION ARMY	4	20,029
5 YMCA	5	1,996
6 WHATCOM COUNSELING & PSYCHIATRIC CLINIC	6	6,761
7 OPPORTUNITY COUNCIL	7	6,880
8 WOMENCARE SHELTER	8	24,740
9 YWCA	9	4,604
10 CATHOLIC COMMUNITY SERVICES	10	20,007
11 BELLINGHAM COMMUNITY CHILDCARE CENTER	11	6,324
12 LYDIA PLACE	12	15,494
13 WHATCOM CENTER FOR EARLY LEARNING	13	5,361
14 NORTHWEST YOUTH SERVICES	14	7,047
15 SUN COMMUNITY SERVICES	15	1,604
16 DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES	16	7,237
17 BIG BROTHERS AND BIG SISTERS	17	5,302
18 SAMISH CAMP FIRE COUNCIL	18	970
19 WHATCOM LITERACY COUNCIL	19	9,388
20 HEALTH SUPPORT CENTER	20	936
21 ARC OF WHATCOM COUNTY	21	1,981
22 MAX HIGBEE RECREATION CENTER	22	1,043
23 WHATCOM VOLUNTEER CENTER	23	3,242
24 BELLINGHAM MOUNTAIN RESCUE	24	5,490
25 TOTEM GIRL SCOUTS	25	2,565
26 INTERFAITH COMMUNITY HEALTH CLINIC	26	2,861
27 EVERGREEN AIDS	27	2,569
28 NON-PARTNER DESIGNATION	28	193,352
29	29	
30	30	
31	31	
32	32	
33	33	
34	34	
35	35	

PRIMARY EXEMPT PURPOSE PAGE 2 PART III

1 THE UNITED WAY OF WHATCOM COUNTY IS ORGANIZED TO SOLICIT AND RECEIVE CONTRIBUTIONS	
2 AND THROUGH AGENCIES, PROVIDE SERVICES TO THE COMMUNITY OF WHATCOM COUNTY IN THE	
3 PROMOTION OF THE HEALTH AND WELFARE OF ITS MEMBERS	
4	
5	

PART V LIST OF OFFICERS DIRECTORS

1	DAVID BOYER	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
2	ADRIENNE HANSON	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
3	RAY TRZYNSKA	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
4	JIM WAKEFIELD	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
5	GEORGE CHAMBERLAIN	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
6	CHRISTINE CHIN	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
7	CRAIG CONOVER	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
8	KEN KOCH	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
9	DALE KINSLEY	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
10	WAYNE LANGEI	1511 CORNWALL AVE BELLINGHAM	DIRECTOR
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return UNITED WAY OF WHATCOM COUNTY	Business or activity to which this form relates	Identifying number 91-0570788
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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 page 2 of the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
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 page 3 of the instructions	5	102,000

(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 2003 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 2005. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See page 5 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	16,077
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		5,631	5	HY	S/L	563
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	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the 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	16,640
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	

UNITED WAY OF WHATCOM COUNTY
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/05

12/14/05
11:06AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/04	Current Depreciation	Accum Depr 06/30/05
No Account Number									
63	SMART UPS UPGRADE	01/07/04	ST LINE	05/00	N	260 76	26 08	52 15	78 23
64	SERVER UPGRADE	03/18/04	ST LINE	05/00	N	292 14	29 21	58 43	87 64
65	ZONE SERVER	06/29/04	ST LINE	05/00	N	759.35	75 94	151 87	227 81
66	SERVER	07/30/04	ST LINE	05/00	N	4,422 60	0 00	442 26	442 26
67	LCD PROJECTOR	05/31/05	ST LINE	05/00	N	1,208 78	0 00	120 88	120 88
Total for (No Account Number)						136,642 58	97,786 04	16,474 52	114,260 56
Client Subtotal Before Sales						136,642 58	97,786 04	16,474 52	114,260 56
Less Assets Sold						12,974 17			12,434 88
Total						123,668 41	97,786 04	16,474 52	101,825 68

UNITED WAY OF WHATCOM COUNTY
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/05

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/04	Current Depreciation	Accum Depr 06/30/05
2	OVERHEAD PROJECTOR	04/10/81	ST LINE	05/00	N	198 89	198 89	0 00	198 89
5	PROJECTOR	08/25/81	ST LINE	05/00	N	1,502 01	1,502 01	0 00	1,502 01
11	4 FOLDING TABLES	09/28/87	ST LINE	05/00	N	375 14	375 14	0 00	375 14
18	LASERJET 4	06/09/93	ST LINE	05/00	N	1,830 44	1,830 44	0 00	1,830 44
20	TV/VCR	06/10/97	ST LINE	05/00	N	377 29	377 29	0 00	377 29
21	REFRIGERATOR	07/17/97	ST LINE	05/00	N	200 00	200.00	0 00	200 00
22	SIGN	08/04/97	ST LINE	05/00	N	1,044 58	1,044 58	0 00	1,044 58
23	2 OFFICE CHAIRS	12/29/97	ST LINE	05/00	N	194 02	194 02	0.00	194 02
24	TG SOFTWARE	01/01/98	ST LINE	05/00	Y	5,300 00	5,300 00	0 00	5,300 00
37	DATA CONVERSION COSTS	01/01/98	ST LINE	05/00	N	2,000 00	2,000 00	0 00	2,000 00
25	HP BRIO SERIAL #74141343	02/06/98	ST LINE	05/00	N	2,641 89	2,641 89	0 00	2,641 89
26	HP BRIO SERIAL #74141894	02/06/98	ST LINE	05/00	N	2,641 89	2,641 89	0 00	2,641 89
27	HP BRIO SERIAL #74141923	02/06/98	ST LINE	05/00	N	2,641 89	2,641 89	0 00	2,641 89
28	AST ACENSIA NOTEBOOK SERI	02/06/98	ST LINE	05/00	N	4,671 82	4,671 82	0 00	4,671 82
30	SOFTWARE	02/06/98	ST LINE	05/00	Y	1,926 92	1,926 92	0 00	1,926 92
31	BATTERY BACKUP	02/06/98	ST LINE	05/00	Y	354 41	354 41	0.00	354 41
32	HP LASERJET 5 SERIAL #195379	02/06/98	ST LINE	05/00	N	3,222 10	3,222 10	0 00	3,222 10
33	HUB & COMPUTER PARTS	02/06/98	ST LINE	05/00	N	244 79	244 79	0 00	244 79
34	MODEMS	02/06/98	ST LINE	05/00	N	167 64	167 64	0 00	167 64
35	HP3100 FAX MACHINE	12/19/98	ST LINE	05/00	N	722 25	722 25	0 00	722 25
36	PHONE SYSTEM	01/01/99	ST LINE	05/00	N	11,341 64	11,341 64	0 00	11,341 64
38	EXCHANGE SERVER & INSTALL	07/02/99	ST LINE	05/00	N	3,471 16	3,471 16	0 00	3,471 16
41	ANTIVIRUS SOFTWARE	12/31/99	ST LINE	05/00	N	600.99	600 99	0 00	600 99
42	WORKSTATION RAM	12/31/99	ST LINE	05/00	N	988 02	988 02	0 00	988 02
43	OFFICE DESK	02/24/00	ST LINE	07/00	N	473 01	270 29	67 57	337 86
44	PETER'S LAPTOP	03/16/00	ST LINE	05/00	N	1,946 40	1,557 12	389 28	1,946 40
45	NETOPIA 9100 ENET ROUTER 8F	03/16/00	ST LINE	05/00	N	595 61	476 49	119 12	595 61
46	COMPUTER CABLING	04/03/00	ST LINE	05/00	N	313 04	250 43	62 61	313 04
47	IBM LAPTOP AND RAM	04/25/00	ST LINE	05/00	N	2,873 49	2,298 80	574 69	2,873 49
48	3COM 100M CARDBUS	04/25/00	ST LINE	05/00	N	180 73	144 58	36 15	180 73
49	DIGITAL COPIER	06/12/00	ST LINE	05/00	N	11,523 82	9,219 06	2,304 76	11,523 82
50	HP NETSERV LC2000	11/27/00	ST LINE	05/00	Y	5,392 84	4,314 27	539.28	4,853 55
51	3D COMPUTER	01/03/01	ST LINE	05/00	N	854 56	512 74	170 91	683 65
52	IBM COMPUTER-MARK	02/06/01	ST LINE	05/00	N	2,799 09	1,679 46	559 82	2,239 28
56	LEASEHOLD IMPROVEMENT-CO	04/01/01	ST LINE	05/00	N	35,935 69	21,546.64	7,194 53	28,741 17
53	INTERCONNECT	04/04/01	ST LINE	05/00	N	1,248 00	748 80	249 60	998 40
54	INTERCONNECT	12/10/01	ST LINE	05/00	N	1,583 43	950 06	316 69	1,266 75
55	3D COMPUTER	12/13/01	ST LINE	05/00	N	1,434 88	860 93	286 98	1,147 91
57	DONATION TRACKER	01/31/03	ST LINE	05/00	N	4,750 00	1,425 00	950 00	2,375 00
58	3D COMPUTER SYSTEM	04/18/03	ST LINE	05/00	N	1,924 19	577 26	384 84	962 10
59	IBM THINKPAD #1	04/18/03	ST LINE	05/00	N	2,781 82	834.54	556 37	1,390 91
60	IBM THINKPAD #2	04/18/03	ST LINE	05/00	N	2,781 82	834 54	556 37	1,390 91
61	3D SONICWALL	04/23/03	ST LINE	05/00	N	702 22	210 66	140 45	351 11
62	3D 24 GB SURESTORE DDS	05/23/03	ST LINE	05/00	N	944 53	283 36	188 91	472 27

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization UNITED WAY OF WHATCOM COUNTY	Employer identification number 91-0570788
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1511 CORNWALL AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLINGHAM, WA 98225	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ PETER THEISEN, CHIEF PAID OFFICER

Telephone No. ▶ (360) 733-8670 FAX No. ▶ _____

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/1/2004, and ending 6/30/2005

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.