

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)

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

A For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

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

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

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, and ZIP + 4
BELLINGHAM WA 98225

D Employer identification number
91-0570788

E Telephone number
360-733-8670

F Accounting method: Cash
 Accrual 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).

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 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.

H and are not applicable to section 527 organizations. **I**
H(a) Is this a group return for affiliates? Yes No

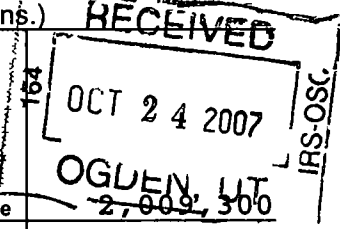
H(b) If "Yes," enter number of affiliates **H(c)** Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,129,063**

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



1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	2,009,300	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 2,009,300 noncash \$)	1e		
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	60,794	
5 Dividends and interest from securities	5		
6a 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)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
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 1b)	9a	58,969	
b Less: direct expenses other than fundraising expenses	9b	22,285	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	36,684	
10a 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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,106,778	
13 Program services (from line 44, column (B))	13	1,425,235	
14 Management and general (from line 44, column (C))	14	71,854	
15 Fundraising (from line 44, column (D))	15	167,666	
16 Payments to affiliates (attach schedule)	16	27,935	
17 Total expenses. Add lines 16 and 44, column (A)	17	1,692,690	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	414,088	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,884,683	
20 Other changes in net assets or fund balances (attach explanation)	20	17,150	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,315,921	

SCANNED BY 06/2007

9-17 13

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.)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) Stmnt 3 (cash \$ 1,324,643 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,324,643	1,324,643	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See Statement 4	25a	155,034	46,510	31,007
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	21,314	6,394	4,263
27 Pension plan contributions not included on lines 25a, b, and c	27	12,535	3,760	2,507
28 Employee benefits not included on lines 25a - 27	28	16,843	5,052	3,369
29 Payroll taxes	29	14,640	4,392	2,928
30 Professional fundraising fees	30			
31 Accounting fees	31	7,746	2,324	1,549
32 Legal fees	32			
33 Supplies	33	3,803	1,140	761
34 Telephone	34	4,148	1,244	830
35 Postage and shipping	35	3,542	1,063	708
36 Occupancy	36	43,471	13,041	8,694
37 Equipment rental and maintenance	37	11,924	3,577	2,385
38 Printing and publications	38	9,889	2,966	1,978
39 Travel	39	7,546	2,264	1,509
40 Conferences, conventions, and meetings	40	2,181	654	436
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	4,790		4,790
43 Other expenses not covered above (itemize): a See Statement 5	43a	20,706	6,211	4,140
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,664,755	1,425,235	71,854

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 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 6**

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 STATEMENT 4)

(Grants and allocations \$ **954,329**)

If this amount includes foreign grants, check here ▶

1,054,921**b VENTURE AND TECHNICAL GRANTS - AMOUNTS GRANTED TO AGENCIES THAT APPLIED BASED ON SPECIFIC CRITERIA**

(Grants and allocations \$ **23,700**)

If this amount includes foreign grants, check here ▶

23,700**c DESIGNATIONS - DONATIONS DESIGNATED BY DONORS PAID TO AGENCIES TO SUPPORT COMMUNITY**

(Grants and allocations \$ **346,614**)

If this amount includes foreign grants, check here ▶

346,614**d**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)**▶ 1,425,235**Form **990** (2006)

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.		(A)		(B)	
		Beginning of year		End of year	
Assets	45	Cash-non-interest-bearing	1,236,896	45	1,535,067
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable	957,942		
	b	Less: allowance for doubtful accounts	123,450	48c	834,492
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	5,066	53	4,947
	54a	Investments—publicly-traded securities		54a	
	b	Investments—other securities (attach schedule)		54b	
	55a	Investments—land, buildings, and equipment: basis	123,668		
	b	Less: accumulated depreciation (attach schedule) See Statement 7	123,024	55c	644
	56	Investments—other (attach schedule) See Stmt 8	164,857	56	179,863
	57a	Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		57c	
58	Other assets, including program-related investments (describe ▶ See Statement 9)	156,102	58	2,100	
59	Total assets (must equal line 74). Add lines 45 through 58	2,252,903	59	2,557,113	
Liabilities	60	Accounts payable and accrued expenses	17,106	60	19,014
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ See Statement 10)	351,114	65	222,178
66	Total liabilities. Add lines 60 through 65	368,220	66	241,192	
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	512,094	67	632,430
	68	Temporarily restricted	1,289,276	68	1,600,178
	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 and column (B) must equal line 21)	1,884,683	73	2,315,921	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,252,903	74	2,557,113	

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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75d: Does the organization have a written conflict of interest policy?

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 (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 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. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. (See line 81 instructions.) 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	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?		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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83a			
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84a			
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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.	N/A	
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?	N/A	
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?	N/A	
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		
88a	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		X
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		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
89c			
89d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	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?		X
89g			
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		
	90b		3
91a	The books are in care of ▶ PETER THEISSEN, CHIEF PAID OFFICER Telephone no. ▶ 360-733-8670 1511 CORNWALL AVE Located at ▶ BELLINGHAM, WA ZIP + 4 ▶ 98225		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
91b			X

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 X

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer ID Number; (C) Description of transfer; (D) Amount of transfer. Rows labeled a, b, c, and Totals.

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 X

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer ID Number; (C) Description of transfer; (D) Amount of transfer. Rows labeled a, b, c, and Totals.

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. Signature of Officer: Peter Weisen - President Date: 10-16-07

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 10-14-07 Check if self-employed: [] Preparer's SSN or PTIN (See Gen Instr X): P00151785 Firm's name (or yours if self-employed), address, and ZIP + 4: Padgett & Padgett, PLLC, 1302 Cleveland Ave, Mount Vernon, WA 98273 EIN: 91-2085467 Phone no: 360-424-1040

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.)	1		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?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a 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.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c 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	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f 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 ► _____	0		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____	0		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 Intergrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 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	
SEE STATEMENT 4 LISTING OF SUPPORTED ORGANIZATIONS					
				X	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 2002 through 2005 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: N/A

	(2005)	(2004)	(2003)	(2002)
--	--------	--------	--------	--------

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: N/A

	(2005)	(2004)	(2003)	(2002)
--	--------	--------	--------	--------

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 2002 through 2005, 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)**

		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?	29		
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?	30		
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.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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.	34b		
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.) **N/A**

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

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

5591 UNITED WAY OF WHATCOM COUNTY

91-0570788

FYE: 6/30/2007

Federal Statements

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

Bus Name Address	Purpose	Amount
UNITED WAY OF AMERICA 701 N FAIRFAX ST ALEXANDRIA VA 22314	MEMBERSHIP DUES	\$ 27,111
ASSOC WA UNITED WAYS 2150 N 107TH ST STE 205 SEATTLE WA 98133-9009	MEMBERSHIP DUES	824
Total		<u>\$ 27,935</u>

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

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 11,552
SPECIAL EVENTS REPORTED GROSS IN AUDITED FINANCIAL	22,285
SPECIAL EVENTS REPORTED GROSS IN AUDITED FINANCIAL	-22,285
CHANGE IN DESIGNATIONS	129,048
DECREASE IN BAD DEBT ALLOWANCE-CURRENT CAMPAIGN	-123,450
Total	<u>\$ 17,150</u>

5591 UNITED WAY OF WHATCOM COUNTY
 91-0570788
 FYE: 6/30/2007

Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org		Class of Activity			FMV Explantn
			Cash Contrib	NonCash Contrib	Book Value	BV Explantn		
AMERICAN RED CROSS			\$ 108,699	\$			\$	
WOMENCARE SHELTER			44,321					
BOYS' AND GIRLS' CLUB WHATCOM			58,441					
BRIDGID COLLINS HOUSE			87,661					
LYDIA PLACE			17,533					
SALVATION ARMY			40,000					
CATHOLIC COMMUNITY SERVICES			32,977					
WHATCOM LITERACY COUNCIL			15,195					
BIG BROTHERS AND BIG SISTERS			16,364					
NORTHWEST YOUTH SERVICES			42,630					
DOMESTIC VIOLENCE & SEXUAL ASSAULT OPPORTUNITY COUNCIL			5,870					
BELLINGHAM COMMUNITY CHILD CARE CEN			45,984					
BELLINGHAM MOUNTAIN RESCUE			35,473					
YMCA			7,000					
WHATCOM CENTER FOR EARLY LEARNING			74,192					
WHATCOM VOLUNTEER CENTER			29,130					
			23,376					

5591 UNITED WAY OF WHATCOM COUNTY
 91-0570788
 FYE: 6/30/2007

Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
				Cash Contrib	NonCash Contrib	Book Value		
EVERGREEN AIDS			\$	7,000	\$			\$
BOYS' AND GIRLS' CLUB BLAINE				72,708				
YWCA				75,000				
WHATCOM COUNSELING AND PSYCHIATRIC				6,569				
INTERFAITH COMMUNITY HEALTH CLINIC								
BOYS' AND GIRLS' CLUB FERNDAL								
TOTEM GIRL SCOUTS				11,688				
WHATCOM COUNCIL ON AGING								
ARC OF WHATCOM COUNTY				18,000				
MOTHER BABY CENTER				13,138				
SAMISH CAMP FIRE COUNCIL				998				
BOYS' AND GIRLS' CLUB LYNDEN								
MAX HIGBEE RECREATION CENTER				10,000				
HEALTH SUPPORT CENTER				23,376				
YWCA GRADS PROGRAM								
SUN COMMUNITY SERVICES				28,904				
VISITING NURSE PERSONAL SERVICES				2,102				

Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
				Cash Contrib	NonCash Contrib	Book Value		
TECHNICAL AND COMMUNITY INITIATIVES								
DONOR DESIGNATIONS								
			\$	23,700	\$			
			346,614					
Total			\$	1,324,643	\$	0		0

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation	46,510	31,007	77,517
Total	\$ 46,510	\$ 31,007	\$ 77,517

Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
CAMPAIGN SUPPLIES	3,991	1,197	798	1,996
INSURANCE	2,302	691	460	1,151
ADVERTISING	7,447	2,234	1,489	3,724
MISCELLANEOUS	1,150	345	230	575
BANK AND INVESTMENT FEES	4,181	1,254	836	2,091
EMPLOYEE RECRUITING				
BAD DEBTS	1,635	490	327	818
Total	<u>\$ 20,706</u>	<u>\$ 6,211</u>	<u>\$ 4,140</u>	<u>\$ 10,355</u>

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

THE UNITED WAY OF WHATCOM COUNTY IS ORGANIZED TO SOLICIT
AND RECEIVE CONTRIBUTIONS AND DISTRTIBUTE TO AGENCIES
THAT PROVIDE SERVICES TO THE COMMUNITY OF WHATCOM COUNTY
IN THE PROMOTION OF THE HEALTH AND WELFARE.

Federal Statements**Statement 7 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FURNITURE, FIXTURES AND EQUIPMENT	\$ 123,668	\$ 118,235	\$ 123,668	\$ 123,024
Total	<u>\$ 123,668</u>	<u>\$ 118,235</u>	<u>\$ 123,668</u>	<u>\$ 123,024</u>

Statement 8 - Form 990, Part IV, Line 56 - Other Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
BOARD DESIGNATED INVESTMENTS	\$ 164,857	\$ 179,863	Market
Total	<u>\$ 164,857</u>	<u>\$ 179,863</u>	

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER ASSET	\$ 3,700	\$ 2,100
PREPAID DESIGNATIONS	152,402	
Total	<u>\$ 156,102</u>	<u>\$ 2,100</u>

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DESIGNATIONS PAYABLE	\$ 346,614	\$ 217,578
OTHER LIABILITIES	4,500	4,600
Total	<u>\$ 351,114</u>	<u>\$ 222,178</u>

Statement 11 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS REPORTED GROSS IN AUDITED FINANCIAL STMTS	\$ 22,285
Total	\$ <u>22,285</u>

Statement 12 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
DONOR DESIGNATIONS	\$ 217,566
ALLOWANCE FOR BAD DEBT	123,450
Total	\$ <u>341,016</u>

Statement 13 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS REPORTED GROSS IN AUDITED FINANCIAL STMTS	\$ 22,285
Total	\$ <u>22,285</u>

Statement 14 - Form 990, Part IV-B - Other Expenses included on Return

<u>Description</u>	<u>Amount</u>
DONOR DESIGNATIONS	\$ 346,614
Total	\$ <u>346,614</u>

5591 UNITED WAY OF WHATCOM COUNTY
 91-0570788
 FYE: 6/30/2007

Federal Statements

Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
TERRY BELCOE 1100 DUPONT STREET BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
KEN KOCH PO BOX 5098 BELLINGHAM WA 98227	DIRECTOR	1	0	0	0
ANDREW BODMAN WETERN WASH'N UNI BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
GLEN NARDI PO BOX 1277 BELLINGHAM WA 98227	DIRECTOR	1	0	0	0
TONY BON 2090 THORTON ST. FERNDAL E WA 98248	DIRECTOR	1	0	0	0
JENNIFER KUTCHER PO BOX 9750 BELLINGHAM WA 98227	TREASURER	2	0	0	0
DAVID BOYER PO BOX 937 FERNDAL E WA 98248	BOARD DEV	2	0	0	0
STEPHEN OMTA 2901 SQUALICUM BELLINGHAM WA 98225	RESOURCE DEV	2	0	0	0
PEGGY ONUSTACK PO BOX 638 FERNDAL E WA 98248	DIRECTOR	1	0	0	0

5591 UNITED WAY OF WHATCOM COUNTY
 91-0570788
 FYE: 6/30/2007

Federal Statements

Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DENNIS JOINES PO BOX 580 BELLINGHAM WA 98227	DIRECTOR	1	0	0	0
BRAD OWENS 1700 N. STATE STREE BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
GREG PEOHLMAN PO BOX X BELLINGHAM WA 98227	DIRECTOR	1	0	0	0
RAY TRZYNSKA 1329 STATE STREET BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
LUKE VAN'T HOOG 4519 GRANDVIEW RD BLAINE WA 98231	DIRECTOR	1	0	0	0
JIM WAKEFIELD 1675 WESTBAKERVIE BELLINGHAM WA 98226	DIRECTOR	1	0	0	0
BRENT WOODLAND 3901 UNICK ROAD FERNDAL E WA 98248	DIRECTOR	1	0	0	0
SUSAN ZOLLER 1306 DUPONT ST BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
PETER THEISEN 1511 CORNWALL AVE BELLINGHAM WA 98225	PRESIDENT	40	63,600	9,250	5,088

5591 UNITED WAY OF WHATCOM COUNTY

91-0570788

FYE: 6/30/2007

Federal Statements

Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ERICA CHARBONNEAU 1511 CORNWALL AVE BELLINGHAM WA 98225	MARKETING	40	0	0	0
DIANNE BRADSHAW 1511 CORNWALL AVE BELLINGHAM WA 98225	BOOKKEEPER	40	0	0	0
ROSS STOCKER 2200 RIMLAND DRIVE SUITE 300 BELLINGHAM WA 98226	DIRECTOR	1	0	0	0
PAT ATKINSON 600 LAKEWAY DRIVE BELLINGHAM WA 98225	DIRECTOR	1	0	0	0
PAT HUDGENS PO BOX 5098 BELLINGHAM WA 98227	DIRECTOR	1	0	0	0
MATT BARNHART 112 OHIO STREET BELLINGHAM WA 98225	DIRECTOR	1	0	0	0