

Form **990**

Department of the Treasury  
Internal Revenue Service

**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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

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

**C** Name of organization: **UNITED WAY OF WHATCOM COUNTY**  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address): **1511 CORNWALL AVE** Room/suite:  
 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** Name and address of principal officer:

**G** Gross receipts \$: **2,388,986**

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

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

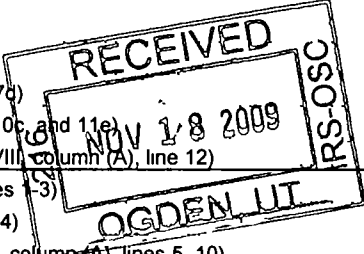
**J** Website: **WWW.UNITEDWAYWHATCOM.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1956** **M** State of legal domicile: **WA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN WHATCOM COUNTY TO CARE FOR ONE ANOTHER.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>67</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,033,362</b>	<b>2,331,634</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>49,952</b>	<b>21,310</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>29,288</b>	<b>36,042</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,112,602</b>	<b>2,388,986</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,447,326</b>	<b>1,493,747</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>217,133</b>	<b>314,433</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>250,200</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>174,391</b>	<b>185,597</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,838,850</b>	<b>1,993,777</b>
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>273,752</b>	<b>395,209</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,681,129</b>	<b>2,810,108</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>270,114</b>	<b>280,853</b>
		<b>2,411,015</b>	<b>2,529,255</b>



**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Ross Stocker* Date: **11/9/09**  
 Type or print name and title: **Ross Stocker, Treasurer**

**Paid Preparer's Use Only**

Preparer's signature: *Steve Padgett* Date: **10/27/09** Check if self-employed:  Preparer's identifying number (see instructions): **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**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED DEC 4 2009

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN WHATCOM COUNTY TO CARE FOR ONE ANOTHER.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **1,350,554** including grants of \$ **1,192,000** ) (Revenue \$ )  
**AGENCIES SUBMIT APPLICATIONS FOR FUNDING PROGRAMS IN WHICH 40 TO 60 VOLUNTEERS FROM THE COMMUNITY REVIEW. THE VOLUNTEERS DO SITE VISITS TO EVERY AGENCY AND THEN DELIBERATED AND MAKE ALLOCATION RECOMMENDATIONS. THE IMPACT AREA/FUNDING PRIORITIES ARE (1) BUILDING HEALTHY CHILDREN, YOUTH AND FAMILIES (2) ENSURING EVERYONE HAS FOOD, SHELTER AND A HEALTHY LIVING ENVIRONMENT (3) CREATING SYSTEMS THAT INCREASE PHYSICAL AND MENTAL HEALTH AND WELL BEING. (4) PROMOTE SAFETY, PREVENT VIOLENCE AND ABUSE.**

4b (Code ) (Expenses \$ **62,683** including grants of \$ **62,683** ) (Revenue \$ )  
**COMMUNITY BUILDING INITIATIVES ARE GRANTS USED FOR MISSION RELATED PROJECTS, EMERGING PROGRAMS AND EMERGENCY NEEDS. 2008 COMMUNITY BUILDING INITIATIVES INCLUDE A CANDIDATES FORUM ON HUMAN SERVICES; US POSTAL WORKERS FOOD DRIVE; NW TRAINING INSTITUTE SCHOLARSHIPS FOR PARTNER AGENCIES; FISCAL SPONSORSHIP FOR PROJECT HOMELESS CONNECT; WHATCOM COALITION FOR A HEALTHY COMMUNITY; EMERGENCY FLOOD RECOVERY FUND FOR AMERICAN RED CROSS; AND A CHALLENGE GRANT TO MOTHER BABY CENTER.**

4c (Code ) (Expenses \$ **239,064** including grants of \$ **239,064** ) (Revenue \$ )  
**DESIGNATIONS - DONATIONS DESIGNATED TO SPECIFIC NON-PROFIT 501(C)3 AGENCIES AS REQUESTED BY THE DONOR. THE AGENCIES ARE COMPLIANT WITH THE IRS AND THE PATRIOT ACT PRIOR TO FUNDS BEING DISTRIBUTES.**

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ **1,652,301** (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
	<b>1a</b> 4		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 12		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
<b>1a</b>	Enter the number of voting members of the governing body	<b>21</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>21</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	<b>X</b>	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>WA</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>PETER THEISEN, PRESIDENT/CPO 1511 CORNWALL AVE BELLINGHAM WA 98225 360-733-8670</b>

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW BODMAN DIRECTOR	1	X					0	0	0	
BRAD OWENS DIRECTOR	1	X					0	0	0	
DAVID BOYER DIRECTOR	1	X					0	0	0	
DENNIS JOINES DIRECTOR	1	X					0	0	0	
GLEN NARDI DIRECTOR	1	X					0	0	0	
GREG POEHLMAN CHAIR	1	X		X			0	0	0	
JEFF PITZER DIRECTOR	1	X					0	0	0	
JENNIFER KUTCHER TREASURER	1	X					0	0	0	
JIM WAKEFIELD DIRECTOR	1	X					0	0	0	
LUKE VAN'T HOOG DIRECTOR	1	X					0	0	0	
MATT BARNHART DIRECTOR	1	X					0	0	0	
PAT ATKINSON DIRECTOR	1	X					0	0	0	
PAT HUDGENS DIRECTOR	1	X					0	0	0	
RAY TRZYNKA DIRECTOR	1	X					0	0	0	
RICH HARBISON DIRECTOR	1	X					0	0	0	
ROSS STOCKER SECR/TREAS	1	X		X			0	0	0	
STEPHEN OMTA DIRECTOR	1	X					0	0	0	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>2,331,634</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$				
	<b>h Total.</b> Add lines 1a-1f		<b>2,331,634</b>			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>21,310</b>			<b>21,310</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> CAMPAIGN KICK-OFF & WRAP-UP			<b>36,042</b>	<b>36,042</b>		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			<b>36,042</b>			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<b>2,388,986</b>	<b>36,042</b>	<b>0</b>	<b>21,310</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,493,747	1,493,747		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	258,701	77,610	51,740	129,351
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,685	5,005	3,337	8,343
9 Other employee benefits	18,034	5,410	3,607	9,017
10 Payroll taxes	21,013	6,303	4,203	10,507
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,164	2,749	1,833	4,582
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	48,033	14,409	9,607	24,017
17 Travel	10,779	3,233	2,156	5,390
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,044	313	209	522
20 Interest				
21 Payments to affiliates	23,386	23,386		
22 Depreciation, depletion, and amortization	6,460	1,938	1,292	3,230
23 Insurance	2,803	840	561	1,402
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>CAMPAIGN EVENTS</b>	19,435			19,435
b <b>EQUIPMENT MAINTENANCE</b>	17,572	5,272	3,514	8,786
c <b>ADVERTISING</b>	14,820	4,446	2,964	7,410
d <b>PRINTING AND PUBLICATION</b>	10,405	3,121	2,081	5,203
e <b>MISCELLANEOUS</b>	6,113	1,097	1,890	3,126
f All other expenses	15,583	3,422	2,282	9,879
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,993,777	1,652,301	91,276	250,200
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	1,677,066	1	1,731,798
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	810,474	3	910,576
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,522	9	7,739
	10a	Land, buildings, and equipment: cost basis	146,489		
	b	Less accumulated depreciation Complete Part VI of Schedule D	131,189	10c	15,300
	11	Investments—publicly traded securities	170,610	11	141,536
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,213	15	3,159
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,681,129	16	2,810,108	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	27,005	17	36,272
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	243,109	25	244,581
	26	<b>Total liabilities.</b> Add lines 17 through 25	270,114	26	280,853
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	766,137	27	828,219
	28	Temporarily restricted net assets	1,561,565	28	1,617,723
	29	Permanently restricted net assets	83,313	29	83,313
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	2,411,015	33	2,529,255	
34	<b>Total liabilities and net assets/fund balances</b>	2,681,129	34	2,810,108	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,679,615	1,906,621	2,009,300	2,033,362	2,320,875	9,949,773
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	1,679,615	1,906,621	2,009,300	2,033,362	2,320,875	9,949,773
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						9,949,773

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,679,615	1,906,621	2,009,300	2,033,362	2,320,875	9,949,773
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,957	42,903	60,794	49,952	21,310	193,916
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-539					-539
<b>11 Total support.</b> Add lines 7 through 10						10,143,150
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	188,469
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.0935 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**SALE OF ASSET** **\$ -539**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

UNITED WAY OF WHATCOM COUNTY

91-0570788

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

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

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

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

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

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

**Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	65,699				
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	65,699				

**2** Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		146,489	131,189	15,300
<b>e</b> Other				
<b>Total.</b> Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				15,300



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,388,986
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,993,777
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	395,209
4	Net unrealized gains (losses) on investments	4	-32,563
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-244,406
9	Total adjustments (net) Add lines 4-8	9	-276,969
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	118,240

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,881,947
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-32,563
b	Donated services and use of facilities	2b	8,994
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-23,569
3	Subtract line 2e from line 1	3	1,905,516
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	483,470
c	Add lines 4a and 4b	4c	483,470
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	2,388,986

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,763,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	8,994
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	8,994
3	Subtract line 2e from line 1	3	1,754,713
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	239,064
c	Add lines 4a and 4b	4c	239,064
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,993,777

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

<u>PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER</u>		
<u>DONOR DESIGNATIONS</u>		\$ -343,333
<u>ALLOWANCE FOR BAD DEBT</u>		\$ -140,137
<u>DONOR DESIGNATIONS</u>		\$ 239,064
<u>PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER</u>		
<u>DONOR DESIGNATIONS</u>		\$ 343,333

**Part XIV Supplemental Information** (continued)

ALLOWANCE FOR BAD DEBT \_\_\_\_\_ \$ 140,137 \_\_\_\_\_

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER \_\_\_\_\_

DONOR DESIGNATIONS \_\_\_\_\_ \$ 239,064 \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Employer identification number

**91-0570788**

**UNITED WAY OF WHATCOM COUNTY**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AMERICAN RED CROSS-MT BAKER CHAPTER 2111 KING STREET BELLINGHAM WA 98225	91-0565554		118,864				FOR HEALTH & WELFARE
	ARC OF WHATCOM COUNTY 2602 MC LEAD RD. BELLINGHAM WA 98225	31-1579359		22,483				FOR HEALTH & WELFARE
	BELLINGHAM FOOD BANK 1824 ELLIS ST. BELLINGHAM WA 98225	91-0918619		20,000				FOR HEALTH & WELFARE
	BELLINGHAM CHILDCARE & LEARNING CEN 2600 SQUALICUM PARKWAY BELLINGHAM WA 98225	91-1523127		44,663				FOR HEALTH & WELFARE
	BELLINGHAM MOUNTAIN RESCUE P.O. BOX 292 BELLINGHAM WA 98227	91-1203122		6,245				FOR HEALTH & WELFARE
	BIG BROTHERS AND BIG SISTERS 1609 BROADWAY, SUITE 203 BELLINGHAM WA 98225	91-0977422		40,000				FOR HEALTH & WELFARE
	BOYS' AND GIRLS' CLUB WHATCOM 1715 KENTUCKY ST. BELLINGHAM WA 98226	91-0836427		58,441				FOR HEALTH & WELFARE
	BRIGID COLLINS FAMILY SUPPORT CENTE 1231 W. GARDON, #200 BELLINGHAM WA 98225	94-3121951		101,000				FOR HEALTH & WELFARE
	CATHOLIC COMMUNITY SERVICES 1133 RAILROAD AVE. #100 BELLINGHAM WA 98225	91-1585652		40,000				FOR HEALTH & WELFARE

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

Name of the organization

Employer identification number  
**91-0570788**

**UNITED WAY OF WHATCOM COUNTY**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE & SEXUAL ASSAULT							
1407 COMMERCIAL BELLINGHAM WA 98225	91-1066325		25,000				FOR HEALTH & WELFARE
DONOR DESIGNATIONS							
EVERGREEN AIDS							
1509 CORNWALL AVE. BELLINGHAM WA 98225	94-3035642		8,743				FOR HEALTH & WELFARE
GIRL SCOUTS OF WESTERN WASHINGTON							
P.O. BOX 5104 BELLINGHAM WA 98227	91-6060940		18,000				FOR HEALTH & WELFARE
GRADS PROGRAM							
SCHOOL DIST #501, 1306 DUPORE ST. BELLINGHAM WA 98225	91-6001648		10,000				FOR HEALTH & WELFARE
HEALTH SUPPORT CENTER							
1212 INDIAN ST. BELLINGHAM WA 98225	91-1446443		33,399				FOR HEALTH & WELFARE
INTERFAITH COMMUNITY HEALTH CLINIC							
220 UNITY BELLINGHAM WA 98225	91-2168190		12,500				FOR HEALTH & WELFARE
LYDIA PLACE							
1701 GLADSTORE BELLINGHAM WA 98226	94-3111948		22,000				FOR HEALTH & WELFARE
MAX HIGBEE RECREATION CENTER							
315 HALLECK ST. BELLINGHAM WA 98225	91-1275451		12,490				FOR HEALTH & WELFARE
NORTHWEST YOUTH SERVICES							
1020 W. STATE ST. BELLINGHAM WA 98225	91-0970561		54,000				FOR HEALTH & WELFARE
MOTHER BABY CENTER							
4120 MERIDIAN ST, SUITE 240 BELLINGHAM WA 98226	91-1607773		10,500				FOR HEALTH & WELFARE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047  
**2008**  
**Open to Public  
inspection**

▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

Name of the organization

Employer identification number  
**91-0570788**

**UNITED WAY OF WHATCOM COUNTY**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY COUNCIL 1111 CORNWALL SUITE C BELLINGHAM WA 98225	91-0787820		57,000				FOR HEALTH & WELFARE
SALVATION ARMY P.O. BOX 5036 BELLINGHAM WA 98227	13-2923701		49,962				FOR HEALTH & WELFARE
SUN COMMUNITY SERVICES 515 E. CHESTNUT ST. BELLINGHAM WA 98225	91-0926916		35,327				FOR HEALTH & WELFARE
TECHNICAL AND COMMUNITY INITIATIVES							
WHATCOM CENTER FOR EARLY LEARNING 2001 H STREET BELLINGHAM WA 98225	91-1526226		34,956				FOR HEALTH & WELFARE
WHATCOM COUNSELING AND PSYCHIATRIC 3645 E. MC LEAD RD. BELLINGHAM WA 98226	91-0696130		93,678				FOR HEALTH & WELFARE
WHATCOM FAMILY YMCA 1256 W. STATE ST. BELLINGHAM WA 98225	91-0482690		90,000				FOR HEALTH & WELFARE
WHATCOM LITERACY COUNCIL 2205 ELM STREET BELLINGHAM WA 98225	91-1220307		20,000				FOR HEALTH & WELFARE
WHATCOM VOLUNTEER CENTER 725 W. STATE ST. BELLINGHAM WA 98225	91-1259890		26,000				FOR HEALTH & WELFARE
WOMENCARE SHELTER 4120 MERIDIAN ST, SUITE 220 BELLINGHAM WA 98226	91-1081685		52,500				FOR HEALTH & WELFARE
YWCA 1026 W. FOREST ST. BELLINGHAM WA 98225	91-0565024		70,000				FOR HEALTH & WELFARE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF WHATCOM COUNTY**

Employer identification number

**91-0570788**

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
THE BOARD SECRETARY/TREASURER REVIEWS THE 990 THAT IS COMPLETED BY AN  
OUTSIDE CPA FIRM WITH THE FINANCE COMMITTEE, PRESIDENT AND FINANCE MANAGER.  
AFTER REVIEW THE BOARD SECRETARY/TREASURER SIGNS THE COMPLETED 990. THE  
FINANCE MANAGER MAKES COPIES AND MAILES THE COMPLETED FORM TO THE IRS BY THE  
DUE DATE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
AT THE BEGINNING OF EACH NEW FISCAL YEAR AT OUR BOARD MEETING EACH BOARD  
MEMBER AND ALL STAFF ARE GIVEN THE CODE OF ETHICS WHICH INCLUDES THE  
CONFLICTS OF INTEREST TO REVIEW AND SIGN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
CEO WAGES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AGAINST  
PERFORMANCE OUTCOMES AND SALARY SURVEY DATA FROM U.W. OF AMERICA AND LOCAL  
SALARY SURVEY'S. CONSIDERATIONS ARE ALSO MADE FOR COST OF LIVING  
ADJUSTMENTS AND BUDGET REALITIES. EXECUTIVE COMMITTEE RECOMMENDS CEO WAGE  
LEVELS FOR APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
STAFF WAGES ARE REVIEWED ANNUALLY BY THE CEO AGAINST PERFORMANCE OUTCOMES  
AND SALARY SURVEY DATA FROM U.W. OF AMERICA AND LOCAL SALARY SURVEYS.  
CONSIDERATIONS ARE ALSO MADE FOR COST OF LIVING ADJUSTMENTS AND BUDGET  
REALITIES. CEO RECOMMENDS STAFF WAGE LEVELS FOR APPROVAL BY THE BOARD OF  
DIRECTORS.

Name of the organization

**UNITED WAY OF WHATCOM COUNTY**

Employer identification number

**91-0570788**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
UNITED WAY OF WHATCOM COUNTY MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON  
REQUEST.



**Forms 990 / 990-EZ Return Summary**For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09****91-0570788****UNITED WAY OF WHATCOM COUNTY****Net Asset / Fund Balance at Beginning of Year** 2,411,015**Revenue**

Contributions	<u>2,331,634</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>21,310</u>	
Capital gain / loss	<u>                    </u>	
Special events	<u>                    </u>	
Gross revenue	<u>36,042</u>	
Direct expenses	<u>                    </u>	
Net income	<u>36,042</u>	
Other income	<u>36,042</u>	
<b>Total revenue</b>		<u>2,388,986</u>

**Expenses**

Program services	<u>1,652,301</u>	
Management and general	<u>91,276</u>	
Fundraising	<u>250,200</u>	
<b>Total expenses</b>		<u>1,993,777</u>
<b>Excess / (deficit)</b>		<u>395,209</u>
Other changes		<u>-273,244</u>

**Net Asset / Fund Balance at End of Year** 2,529,255**Reconciliation of Revenue**

Total revenue per financial statements	<u>1,881,947</u>
Less:	
Unrealized gains	<u>-32,563</u>
Donated services	<u>8,994</u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>483,470</u>
<b>Total revenue per return</b>	<u>2,388,986</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>1,763,707</u>
Less:	
Donated services	<u>8,994</u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>239,064</u>
<b>Total expenses per return</b>	<u>1,993,777</u>

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>2,681,129</u>	<u>2,810,108</u>	
Liabilities	<u>270,114</u>	<u>280,853</u>	
<b>Net assets</b>	<u>2,411,015</u>	<u>2,529,255</u>	<u>118,240</u>

**Miscellaneous Information**

Amended return	
Return / extended due date	<u>11/16/09</u>
Failure to file penalty	<u>                    </u>

United Way of Putnam County  
 Depreciation Schedule  
 Fiscal Year 2008/2009

ASSET #	ASSET DESCRIPTION	DATE ACQUIRED	METHOD	LIFE	SOLD?	COST	ACCUM DEPR 07/01/08	CURRENT DEPRECIATION	ACCUM DEPR 06/30/09
<b>EQUIPMENT &amp; FIXTURES</b>									
61	3D Sonicwall	4/23/2003	St Line	05/00	N	702.22	702.22	0 00	702.22
62	3D 24GB Surestore DDS	5/23/2003	St Line	05/00	N	944.53	944.53	0 00	944.53
63	Smart UPS Upgrade	1/7/2004	St Line	05/00	N	260.76	234.68	26 08	260.76
64	Server Upgrade	3/18/2004	St Line	05/00	N	292.14	262.93	29 21	292.14
65	Zone Server	6/29/2004	St Line	05/00	N	759.35	683.42	75.93	759.35
66	Intel Server SN:S875WP1LX	7/30/2004	St Line	05/00	N	4,422.60	3,095.82	1,326.78	4,422.60
67	Dell 2300MP	5/25/2005	St Line	05/00	N	1,208.78	846.15	362.63	1,208.78
68	Acrobat 8 Win	7/2/2007	St Line	03/00	N	951.78	190.36	317.26	951.78
69	Symantec Anti-Virus	8/3/2007	St Line	03/00	N	428.78	78.65	142.93	428.78
70	Cisco Pix/SAV Mail Security	8/20/2007	St Line	05/00	N	163.69	28.67	32.74	163.69
71	Server Upgrade	8/15/2007	St Line	05/00	N	14,760.34	2,583.11	2,952.07	14,760.34
72	2 Wk Station, 2 Laptops	7/31/2008	St Line	05/00	N	6,515.92	0 00	1,194.58	6,515.92
Total						109,508.65	87,748.30	6,460.17	94,200.46
<b>LEASEHOLD IMPROVEMENTS</b>									
22	Sign	8/4/1997	St Line	05/00	N	1,044.58	1,044.58	0 00	1,044.58
56	Leasehold Improvement-Co	4/1/2001	St Line	05/00	N	35,935.69	35,935.69	0 00	35,935.69
Total						36,980.27	36,980.27	0.00	36,980.27
Sub-total before sales						146,488.92	124,728.57	6,460.17	131,168.40
						146,488.92	124,728.57	6,460.17	131,168.40

7/1/08 Transferred back to excel spreadsheet  
 6/30/08 FAS Peachtree Inaccurate  
 1/31/07 Transferred Information to Peachtree Asset Manager Software

United Way of Putnam County  
 Depreciation Schedule  
 Fiscal Year 2008/2009

ASSET #	ASSET DESCRIPTION	DATE ACQUIRED	METHOD	LIFE	SOLD?	COST	ACCUM DEPR 07/01/08	CURRENT DEPRECIATION	ACCUM DE 06/30/09
EQUIPMENT & FIXTURES									
2	Overhead Projector	4/10/1981	St Line	05/00	N	198.89	198.89	0.00	198.89
5	Projector	8/21/1981	St Line	05/00	N	1,502.01	1,502.01	0.00	1,502.01
11	4 Folding Tables	9/28/1987	St Line	05/00	N	375.14	375.14	0.00	375.14
18	Laserjet 4	6/9/1993	St Line	05/00	N	1,830.44	1,830.44	0.00	1,830.44
20	TV/VCR	6/10/1997	St Line	05/00	N	377.29	377.29	0.00	377.29
21	Refrigerator	7/17/1997	St Line	05/00	N	200.00	200.00	0.00	200.00
23	2 Office Chairs	12/29/1997	St Line	05/00	N	194.02	194.02	0.00	194.02
25	HP Brio Senal #74141343	2/6/1998	St Line	05/00	N	2,641.89	2,641.89	0.00	2,641.89
26	HP Brio Senal #74141894	2/6/1998	St Line	05/00	N	2,641.89	2,641.89	0.00	2,641.89
27	HP Brio Serial #74141923	2/6/1998	St Line	05/00	N	2,641.89	2,641.89	0.00	2,641.89
28	AST Acensia Notebook Serial #	2/6/1998	St Line	05/00	N	4,671.82	4,671.82	0.00	4,671.82
32	HP Laserjet 5 Serial #195379	2/6/1998	St Line	05/00	N	3,222.10	3,222.10	0.00	3,222.10
33	Hub & Computer Parts	2/6/1998	St Line	05/00	N	244.79	244.79	0.00	244.79
34	Modems	2/6/1998	St Line	05/00	N	167.64	167.64	0.00	167.64
35	HP3100 Fax Machine	12/19/1998	St Line	05/00	N	722.25	722.25	0.00	722.25
36	Phone System	1/1/1999	St Line	05/00	N	11,341.64	11,341.64	0.00	11,341.64
37	Data Conversion Costs	1/1/1999	St Line	05/00	N	2,000.00	2,000.00	0.00	2,000.00
38	Exchange Server & Install	7/2/1999	St Line	05/00	N	3,471.16	3,471.16	0.00	3,471.16
41	Antivirus Software	12/31/1999	St Line	05/00	N	600.99	600.99	0.00	600.99
42	Workstation Ram	12/31/1999	St Line	05/00	N	988.02	988.02	0.00	988.02
43	Office Desk	2/24/2000	St Line	07/00	N	473.01	473.01	0.00	473.01
44	Peter's Laptop	3/16/2000	St Line	05/00	N	1,946.40	1,946.40	0.00	1,946.40
45	Netopia 9100 Enet Router 8f	3/16/2000	St Line	05/00	N	595.61	595.61	0.00	595.61
46	Computer Cabling	4/3/2000	St Line	05/00	N	313.04	313.04	0.00	313.04
47	IBM Laptop and Ram	4/25/2000	St Line	05/00	N	2,873.49	2,873.49	0.00	2,873.49
48	3Com 100M Cardbus	4/25/2000	St Line	05/00	N	180.73	180.73	0.00	180.73
49	Digital Copier	6/12/2000	St Line	05/00	N	11,523.82	11,523.82	0.00	11,523.82
51	3D Computer	1/3/2001	St Line	05/00	N	854.56	854.56	0.00	854.56
52	IBM Computer-mark	2/6/2001	St Line	05/00	N	2,799.09	2,799.09	0.00	2,799.09
53	Interconnect	4/4/2001	St Line	05/00	N	1,248.00	1,248.00	0.00	1,248.00
54	Interconnect	12/10/2001	St Line	05/00	N	1,583.43	1,583.43	0.00	1,583.43
55	3D Computer	12/13/2001	St Line	05/00	N	1,434.88	1,434.88	0.00	1,434.88
57	Donation Tracker Software	1/31/2003	St Line	05/00	N	4,750.00	4,750.00	0.00	4,750.00
58	3D Computer System	4/18/2003	St Line	05/00	N	1,924.19	1,924.19	0.00	1,924.19
59	IBM Thinkpad #1	4/18/2003	St Line	05/00	N	2,781.82	2,781.82	0.00	2,781.82
60	IBM Thinkpad #2	4/18/2003	St Line	05/00	N	2,781.82	2,781.82	0.00	2,781.82