

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

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

C Name of organization
UNITED WAY OF WHATCOM COUNTY

Doing Business As

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

G Gross receipts \$ **2,102,781**

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**

H(c) Group exemption number ▶

K Type of organization Corporation Trust Association Other ▶

L Year of formation **1956**

M State of legal domicile **WA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE IN WHATCOM COUNTY TO CARE FOR ONE ANOTHER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 **22**

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 **22**

5 Total number of employees (Part V, line 2a)

5 **9**

6 Total number of volunteers (estimate if necessary)

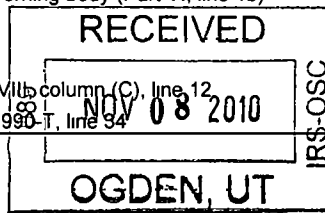
6 **67**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b **0**



Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,331,634	2,058,013
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,310	8,997
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,042	35,771
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,388,986	2,102,781

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,493,747	1,449,681
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	314,433	292,549
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,166		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	185,597	208,657
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,993,777	1,950,887
19 Revenue less expenses Subtract line 18 from line 12	395,209	151,894

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,810,108	2,745,283
21 Total liabilities (Part X, line 26)	280,853	266,620
22 Net assets or fund balances Subtract line 21 from line 20	2,529,255	2,478,663

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.

Sign Here ▶ *[Signature]* **11/3/2010**
Signature of officer Date

▶ **Ross Stacker** Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *[Signature]* **STEVE PADGETT, CPA** Date **10/27/10** 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** EIN ▶ **91-2085467**
1302 CLEVELAND AVE Phone
MOUNT VERNON, WA 98273 no ▶ **360-424-1040**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

677 20

Part III Statement of Program Service Accomplishments

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? If "Yes," describe these new services on Schedule O [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. [] Yes [X] No

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 \$ 1,477,677 including grants of \$ 1,311,124) (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 \$ 53,274 including grants of \$ 53,274) (Revenue \$) COMMUNITY BUILDING INITIATIVES ARE GRANTS USED FOR MISSION RELATED PROJECTS, EMERGING PROGRAMS AND EMERGENCY NEEDS. 2009 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; AND A 211 GRANT.

4c (Code:) (Expenses \$ 85,283 including grants of \$ 85,283) (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 1,616,234

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	1a 3		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
	2a 9		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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

17	List the states with which a copy of this Form 990 is required to be filed WA
18	Section 6104 requires an organization to make its Forms 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
19	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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization PETER THEISEN, PRESIDENT/CPO 1511 CORNWALL AVE WA 98225

BELLINGHAM

WA 98225

360-733-8670

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 Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee."
- 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 current officer, director, or trustee

(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			
BRAD OWENS DIRECTOR	1.25	X						0	0	0
GREG POEHLMAN CHAIR	1.25	X		X				0	0	0
JENNIFER KUTCHER VICE CHAIR	1.25	X		X				0	0	0
JIM TURNER DIRECTOR	1.25	X						0	0	0
MATT BARNHART DIRECTOR	1.25	X						0	0	0
PAT ATKINSON DIRECTOR	1.25	X						0	0	0
PAT HUDGENS DIRECTOR	1.25	X						0	0	0
RICH HARBISON DIRECTOR	1.25	X						0	0	0
ROSS STOCKER SECR/TREAS	1.25	X		X				0	0	0
TONY BON DIRECTOR	1.25	X						0	0	0
MARILYN BRINK DIRECTOR	1.25	X						0	0	0
COREY CHAPLIN DIRECTOR	1.25	X						0	0	0
SCOTT CORZINE DIRECTOR	1.25	X						0	0	0
MARY HUMPHRIES DIRECTOR	1.25	X						0	0	0
CINDY KLEIN DIRECTOR	1.25	X						0	0	0
JEFF PITZER DIRECTOR	1.25	X						0	0	0
JOSE ROQUES DIRECTOR	1.25	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
JIM RYAN DIRECTOR	1.25	X						0	0	0
BILL WRIGHT DIRECTOR	1.25	X						0	0	0
CHERYL CRAZY BULL DIRECTOR	1.25	X						0	0	0
PEGGY NELSON DIRECTOR	1.25	X						0	0	0
EILEEN COUGHLIN DIRECTOR	1.25	X						0	0	0
1b Total ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,058,013				
	g Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f	▶		2,058,013			
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f	▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	8,997			8,997	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)	▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis & sales exps					
		c Gain or (loss)					
	d Net gain or (loss)	▶					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶					
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Busn. Code					
11a CAMPAIGN KICK-OFF & WRAP-UP			35,771	35,771			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶		35,771				
12 Total Revenue. See instructions	▶		2,102,781	35,771	0	8,997	

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	1,449,681	1,449,681		
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	233,416	62,556	41,704	129,156
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,135	4,840	3,227	8,068
9 Other employee benefits	24,095	7,228	4,819	12,048
10 Payroll taxes	18,903	5,017	3,344	10,542
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	11,000	3,300	2,200	5,500
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,277	383	255	639
12 Advertising and promotion	14,546	4,364	2,909	7,273
13 Office expenses	17,019	5,105	3,404	8,510
14 Information technology	4,219	1,265	844	2,110
15 Royalties				
16 Occupancy	47,986	14,396	9,597	23,993
17 Travel	7,970	1,503	1,002	5,465
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,016	305	203	508
20 Interest				
21 Payments to affiliates	23,604	23,604		
22 Depreciation, depletion, and amortization	4,748	1,424	950	2,374
23 Insurance	3,068	920	614	1,534
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 UNCOLLECTED PLEDGES	24,974	24,974		
b EQUIPMENT MAINTENANCE	20,195	6,058	4,039	10,098
c CAMPAIGN EVENTS	18,236			18,236
d MISCELLANEOUS	5,407	978	2,121	2,308
e CAMPAIGN SUPPLIES	4,167			4,167
f All other expenses	-775	-1,667	255	637
25 Total functional expenses. Add lines 1 through 24f	1,950,887	1,616,234	81,487	253,166
26 Joint costs. 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
Assets	1 Cash—non-interest bearing	1,731,798	1	1,770,655
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	910,576	3	795,937
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	7,739	9	7,608
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 146,489		
	b Less accumulated depreciation	10b 135,937	15,300	10c 10,552
	11 Investments—publicly traded securities	141,536	11	158,506
	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	3,159	15	2,025
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,810,108	16	2,745,283	
Liabilities	17 Accounts payable and accrued expenses	36,272	17	52,359
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	244,581	25	214,261
	26 Total liabilities. Add lines 17 through 25	280,853	26	266,620
Net Assets or Fund Balances	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	828,219	27	924,636
	28 Temporarily restricted net assets	1,617,723	28	1,470,714
	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 Total net assets or fund balances	2,529,255	33	2,478,663	
34 Total liabilities and net assets/fund balances	2,810,108	34	2,745,283	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

UNITED WAY OF WHATCOM COUNTY

Employer identification number

91-0570788

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,906,621	2,009,300	2,033,362	2,320,875	2,058,013	10,328,171
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,906,621	2,009,300	2,033,362	2,320,875	2,058,013	10,328,171
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						10,328,171

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,906,621	2,009,300	2,033,362	2,320,875	2,058,013	10,328,171
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,903	60,794	49,952	21,310	8,997	183,956
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10,512,127
12 Gross receipts from related activities, etc (see instructions)					12	208,063
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.25%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.09%
16a 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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"/>		
17a 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? Yes No

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.

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.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ <u> </u>
(ii) Assets included in Form 990, Part X	▶ \$ <u> </u>

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.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ <u> </u>
b Assets included in Form 990, Part X	▶ \$ <u> </u>

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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
1c	_____
1d	_____
1e	_____
1f	_____

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
1a Beginning of year balance	65,699	65,699			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	65,699	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
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		146,489	135,937	10,552
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,552

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,102,781
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,950,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	151,894
4	Net unrealized gains (losses) on investments	4	13,873
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-216,345
9	Total adjustments (net) Add lines 4 through 8	9	-202,472
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-50,578

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	1,694,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	13,873
b	Donated services and use of facilities	2b	3,813
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	17,686
3	Subtract line 2e from line 1	3	1,677,092
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	425,689
c	Add lines 4a and 4b	4c	425,689
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,102,781

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

1	Total expenses and losses per audited financial statements	1	1,745,356
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,813
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	3,813
3	Subtract line 2e from line 1	3	1,741,543
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	209,344
c	Add lines 4a and 4b	4c	209,344
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,950,887

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER	
DONOR DESIGNATIONS	\$ -281,975
ALLOWANCE FOR BAD DEBT	\$ -143,714
DONOR DESIGNATIONS	\$ 209,344
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	
DONOR DESIGNATIONS	\$ 281,975

Part XIV Supplemental Information (continued)

ALLOWANCE FOR BAD DEBT - - - - - \$ - - 143,714 - -

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

DONOR DESIGNATIONS - - - - - \$ - - 209,344 - -

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number
91-0570788

**Part I UNITED WAY OF WHATCOM COUNTY
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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	3	135,931				FOR HEALTH & WELFARE
	ARC OF WHATCOM COUNTY 2602 MC LEAD RD. BELLINGHAM WA 98225	31-1579359	3	23,516				FOR HEALTH & WELFARE
	BELLINGHAM FOOD BANK 1824 ELLIS ST. BELLINGHAM WA 98225	91-0918619	3	32,601				FOR HEALTH & WELFARE
	BELLINGHAM CHILDCARE & LEARNING CEN 2600 SQUALICUM PARKWAY BELLINGHAM WA 98225	91-1523127	3	49,012				FOR HEALTH & WELFARE
	BELLINGHAM MOUNTAIN RESCUE P.O. BOX 292 BELLINGHAM WA 98227	91-1203122	3	9,573				FOR HEALTH & WELFARE
	BIG BROTHERS AND BIG SISTERS 1609 BROADWAY, SUITE 203 BELLINGHAM WA 98225	91-0977422	3	45,069				FOR HEALTH & WELFARE
	BOYS' AND GIRLS' CLUB WHATCOM 1715 KENTUCKY ST. BELLINGHAM WA 98226	91-0836427	3	65,424				FOR HEALTH & WELFARE
	BRIGID COLLINS FAMILY SUPPORT CENTE 1231 W. GARDON, #200 BELLINGHAM WA 98225	94-3121951	3	112,253				FOR HEALTH & WELFARE
	CATHOLIC COMMUNITY SERVICES 1133 RAILROAD AVE. #100 BELLINGHAM WA 98225	91-1585652	3	46,331				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

Name of the organization

UNITED WAY OF WHATCOM COUNTY

Employer identification number
91-0570788

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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	3	27,724				FOR HEALTH & WELFARE
DONOR DESIGNATIONS							
EVERGREEN AIDS 1509 CORNWALL AVE. BELLINGHAM WA 98225	94-3035642	3	11,493				FOR HEALTH & WELFARE
GIRL SCOUTS OF WESTERN WASHINGTON P.O. BOX 5104 BELLINGHAM WA 98227	91-6060940	3	19,664				FOR HEALTH & WELFARE
GRADS PROGRAM SCHOOL DIST #501,1306 DUPONT ST. BELLINGHAM WA 98225	91-6001648	3	10,121				FOR HEALTH & WELFARE
HEALTH SUPPORT CENTER 1212 INDIAN ST. BELLINGHAM WA 98225	91-1446443	3	33,399				FOR HEALTH & WELFARE
INTERFAITH COMMUNITY HEALTH CLINIC 220 UNITY BELLINGHAM WA 98225	91-2168190	3	14,112				FOR HEALTH & WELFARE
LYDIA PLACE 1701 GLADSTORE BELLINGHAM WA 98226	94-3111948	3	30,543				FOR HEALTH & WELFARE
MAX HIGBEE RECREATION CENTER 315 HALLECK ST. BELLINGHAM WA 98225	91-1275451	3	13,279				FOR HEALTH & WELFARE
NORTHWEST YOUTH SERVICES 1020 W. STATE ST. BELLINGHAM WA 98225	91-0970561	3	50,503				FOR HEALTH & WELFARE
MOTHER BABY CENTER 4120 MERIDIAN ST., SUITE 240 BELLINGHAM WA 98226	91-1607773	3	7,130				FOR HEALTH & WELFARE

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF WHATCOM COUNTY

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

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

Employer identification number
91-0570788

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

**Open to Public
Inspection**

(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	3	59,985				FOR HEALTH & WELFARE
SALVATION ARMY P.O. BOX 5036 BELLINGHAM WA 98227	13-2923701	3	57,495				FOR HEALTH & WELFARE
SEAN HUMPHREY HOUSE 1630 H STREET BELLINGHAM WA 98225	91-1573874	3	5,038				FOR HEALTH & WELFARE
SUN COMMUNITY SERVICES 515 E. CHESTNUT ST. BELLINGHAM WA 98225	91-0926916	3	36,202				FOR HEALTH & WELFARE
TECHNICAL AND COMMUNITY INITIATIVES							
WHATCOM CENTER FOR EARLY LEARNING 2001 H STREET BELLINGHAM WA 98225	91-1526226	3	37,811				FOR HEALTH & WELFARE
WHATCOM COUNSELING AND PSYCHIATRIC 3645 E. MC LEAD RD. BELLINGHAM WA 98226	91-0696130	3	94,965				FOR HEALTH & WELFARE
WHATCOM FAMILY YMCA 1256 W. STATE ST. BELLINGHAM WA 98225	91-0482690	3	92,212				FOR HEALTH & WELFARE
WHATCOM LITERACY COUNCIL 2205 ELM STREET BELLINGHAM WA 98225	91-1220307	3	23,698				FOR HEALTH & WELFARE
WHATCOM VOLUNTEER CENTER 725 W. STATE ST. BELLINGHAM WA 98225	91-1259890	3	27,810				FOR HEALTH & WELFARE
WOMENCARE SHELTER 4120 MERIDIAN ST. SUITE 220 BELLINGHAM WA 98226	91-1081685	3	60,095				FOR HEALTH & WELFARE

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

Schedule I-1 (Form 990) 2009

SCHEDULE O
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

 Complete to provide information for responses to specific questions on
 Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

 Open to Public
 Inspection

Employer identification number

91-0570788

UNITED WAY OF WHATCOM COUNTY

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 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. WORLDWIDE 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. WORLDWIDE 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

Name of the organization

UNITED WAY OF WHATCOM COUNTY

Employer identification number

91-0570788

DIRECTORS.

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.