

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: UNITED WAY OF SNOHOMISH COUNTY. D Employer identification number: 91-0606507. E Telephone number: (425) 374-5500. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.UWSC.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 11,316,029.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other; 8b Less: cost or other basis; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes; 21 Net assets or fund balances at end of year.

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

Part II Statement of Functional Expenses

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

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

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose? ▶SEE STATEMENT 29 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a KIDS MATTER VISION COUNCIL- UWSC PROVIDED GRANTS TO 42 PROGRAMS IN 20 AGENCIES THAT PROVIDED THE OPPORTUNITY TO ENSURE THAT ALL INFANTS, CHILDREN AND YOUTH ARE NURTURED AND PROVIDED WITH THE OPPORTUNITY TO SUCCEED IN SCHOOL, DEVELOP LIKE SKILLS AND REACH THEIR FULL POTENTIAL. (Grants and allocations \$ 1,360,766.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,784,800.
b FAMILIES MATTER VISION COUNCIL- UWSC PROVIDED GRANTS TO 25 PROGRAMS IN 17 AGENCIES WITH THE GOAL OF ENSURING THAT ALL INDIVIDUALS AND FAMILIES HAVE ACCESS TO BASIC NEEDS OF FOOD, SHELTER, HEALTH CARE AND THE OPPORTUNITY TO LIVE INDEPENDENTLY AND SELF-SUFFICIENTLY. (Grants and allocations \$ 1,360,766.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,529,545.
c COMMUNITY MATTERS VISION COUNCIL- UWSC PROVIDED GRANTS TO 26 PROGRAMS IN 22 AGENCIES TO STRENGTHEN NEIGHBORHOODS, PROVIDE SUPPORT SYSTEMS, PROMOTE CIVIC INVOLVEMENT, VOLUNTEERISM, AND DIVERSITY MAXIMIZING THE WELL-BEING OF ALL RESIDENTS. (Grants and allocations \$ 702,032.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,080,664.
d DESIGNATED CONTRIBUTIONS - UWSC ALSO SENDS DESIGNATED CONTRIBUTIONS TO OVER 800 NON-PROFIT AGENCIES IN ACCORDANCE WITH DONOR INSTRUCTIONS. (Grants and allocations \$ 3,360,630.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,360,630.
e Other program services (attach schedule) SEE STATEMENT 30 (Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/>	426,817.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,182,456.

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing	387,680.	45	323,603.	
	46 Savings and temporary cash investments	921,452.	46	1,903,210.	
	47a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48a Pledges receivable	5,445,258.			
	b Less: allowance for doubtful accounts	549,000.	5,055,864.	48c	4,896,258.
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	90,568.	53	131,666.	
	54a Investments - publicly-traded securities <small>STMT 32</small>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,934,820.	54a	1,639,135.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c	
	56 Investments - other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	4,331,620.			
	b Less: accumulated depreciation (attach schedule)	460,284.	3,943,450.	57c	3,871,336.
58 Other assets, including program-related investments (describe <input type="checkbox"/> <small>STMT 33</small>)	50,000.	58	50,000.		
59 Total assets (must equal line 74). Add lines 45 through 58	12,383,834.	59	12,815,208.		
Liabilities	60 Accounts payable and accrued expenses	79,068.	60	116,543.	
	61 Grants payable	5,170,749.	61	5,672,235.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) <small>STMT 34</small>	3,023,585.	64b	2,904,081.	
	65 Other liabilities (describe <input type="checkbox"/>)		65		
66 Total liabilities. Add lines 60 through 65	8,273,402.	66	8,692,859.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	3,810,854.	67	3,152,681.	
	68 Temporarily restricted	299,578.	68	968,318.	
	69 Permanently restricted	NONE	69	1,350.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,110,432.	73	4,122,349.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	12,383,834.	74	12,815,208.	

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes questions 82a through 91a and 91b, with Yes/No columns and a table for employee counts (90b).

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (a-e), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate (a-b), Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue (a-e), Subtotal, and Total.

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

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

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

Yes	No
	N/A

Please Sign Here

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

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00183358
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	CLARK NUBER P.S. 10900 NE 4TH, SUITE 1700 BELLEVUE, WA 98004		EIN <input type="checkbox"/> 91-1194016 Phone no. <input type="checkbox"/> 425 454-4919

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 44				

Total number of other employees paid over \$50,000 . . . ▶ NONE

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 1,614. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .PART V, FORM 990 .

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year 34.

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year 144,673.

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

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

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

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

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	1,614.
38	Total lobbying expenditures (add lines 36 and 37)	38	1,614.
39	Other exempt purpose expenditures	39	10,147,996.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	10,149,610.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	657,481.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	164,370.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,614.	10,354.	1,560.		13,528.
46 Lobbying ceiling amount (150% of line 45(e)) . . .					20,292.
47 Total lobbying expenditures	1,614.	10,354.	1,560.		13,528.
48 Grassroots nontaxable amount	164,370.	181,830.	181,083.		527,283.
49 Grassroots ceiling amount (150% of line 48(e)) . . .					790,925.
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

UNITED WAY OF SNOHOMISH COUNTY

Employer identification number

91-0606507

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF SNOHOMISH COUNTY	Employer identification number 91-0606507
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BOEING EMPLOYEES COMMUNITY FUND P.O. BOX 3707 SEATTLE, WA 98124	\$ 3,252,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE BOEING COMPANY P.O. BOX 3707 M/S 21-89 SEATTLE, WA 98124	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - PAYMENTS TO AFFILIATES
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DESCRIPTION -----	AMOUNT -----
UNITED WAY OF AMERICA DUES	74,937.
TOTAL	----- 74,937. =====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
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DESCRIPTION -----	AMOUNT -----
RECOVERY FROM PRIOR CAMPAIGN PAYMENTS	11,709.
TOTAL	----- 11,709. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
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DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON SECURITIES	167,053.
TOTAL	----- 167,053. =====

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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GRANTS ACCRUED FROM DONOR ADVISED FUNDS =====			
ARBORETUM FOUNDATION 2300 ARBORETUM DRIVE EAST SEATTLE, WA 98112	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
1000 FRIENDS OF WASHINGTON 1617 BOYLSTON AVENUE #200 SEATTLE, WA 98122	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
AMERICAN CANCER SOCIETY - EVERETT 728 134TH ST. SW STE. 101 EVERETT, WA 98204	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	600.
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
AMERICAN RED CROSS - SNOHOMISH CTY CHAPTER 2530 LOMBARD AVENUE EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	6,750.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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AMERICAN SOCIETY OF THE ORDER OF ST. JOHN 150 EAST 55TH STREET 3RD FLOOR NEW YORK, NY 10022	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
ANNUAL CATHOLIC APPEAL 910 MARION ST. SEATTLE, WA 98104	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	550.
ARC OF SNOHOMISH COUNTY 1513 23RD ST. EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
ARCHBISHOP THOMAS J MURPHY HS 12911 39TH AVE. SE EVERETT, WA 98208	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	5,000.
ARTS CORP 4408 DELLDRIDGE WAY, STE. 100 SEATTLE, WA 98106	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	3,000.
ARTS COUNCIL OF SNO CO P.O. BOX 5038 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	11,800.
ASSISTANCE LEAGUE OF EVERETT P.O. BOX 1193 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	900.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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BETHANY OF THE NORTHWEST FDN P.O. BOX 5128 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
BIG BROTHERS/BIG SISTERS OF SNOHOMISH COUNTY 2720 ROCKEFELLER, AVENUE EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	400.
BIG BROTHERS/BIG SISTERS OF THURSTON COUNTY 3434 MARTIN WAY EAST, STE. 3 OLYMPIA, WA 98506	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
BOY SCOUTS-MT. BAKER COUNCIL 3313 MERIDIAN BELLINGHAM, WA 98225	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	2,500.
BOYS & GIRLS CLUB OF SNO CO 4322 RUCKER AVENUE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	4,300.
BREAST CANCER PREVENTION FUND P.O. BOX 1508 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	90.
CAMP FIRE USA-CENTRAL PUGET SOUND 4312 RUCKER AVENUE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	750.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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CAMP FIRE USA-SNOHOMISH COUNTY 4312 RUCKER AVENUE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	12,375.
CASCADE LAND CONSERVANCY 615 2ND AVENUE STE 625 SEATTLE, WA 98104	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	340.
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE 11000 CEDAR AVE BODENTERPRISE BLDG CLEVELAND, OH 44106	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
CATHOLIC COMMUNITY SERVICES 100 23RD AVENUE S SEATTLE, WA 98144	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
CENTER FOR WOMEN & DEMOCRACY 24 ROY STREET SUITE 429 SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
CHILDREN'S HOSPITAL FNDN P.O. BOX 5371 MS CL 01 SEATTLE, WA 98105	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	300.
COCOON HOUSE 2929 PINE EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	5,360.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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COMPASS HEALTH PO BOX 3810 EVERETT, WA 98213	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
DE LA SALL COLLEGIATE HIGH SCHOOL 14600 COMMON RD WARREN, MI 48088	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	2,500.
DEACONESS CHILDREN'S SERVICES 4708 DOGWOOD DRIVE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	300.
DENSHO 1416 S. JACKSON ST. SEATTLE, WA 98144	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
DISABLED AMERICAN VETERANS CHARITABLE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
ECOAGRICULTURE PARTNERS 1050 POTOMAC STREET NW WASHINGTON, DC 20007	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
EDMONDS SCHOOL DISTRICT EDUCATION FUND 20420 68TH AVE W LYNNWOOD, WA 98036	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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EVERETT CENTRAL LIONS CLUB 5720 14TH DR. W. UNIT B EVERETT, WA 98203	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	375.
EVERETT COM COLLEGE FOUNDATION 2000 TOWER STREET EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	2,000.
EVERETT COMMUNITY COLLEGE 2000 TOWER STREET EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
EVERETT EAGLES YOUTH SPORTS 1006 COLBY AVENUE EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
EVERETT GOSPEL MISSION P.O. BOX 423 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	750.
EVERETT HIGH SCHOOL BOOSTERS PO BOX 1194 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
EVERETT PARKS AND RECREATION 802 MUKILTEO BLVD. EVERETT, WA 98203	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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EVERETT PUBLIC SCHOOLS FNDN P.O. BOX 3112 EVERETT, WA 98213	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	4,300.
EVERETT ROTARY YOUTH FOUNDATION P.O. BOX 1225 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	4,400.
EVERETT SYMPHONY ASSOCIATION 2720 RUCKER AVE STE #101 EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	4,000.
EVERETT THEATRE SOCIETY P.O. BOX 1225 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
EVERGREEN UNITARIAN UNIVERSALIST FELLOWSHIP 1607 4TH STREET MARYSVILE, WA 98270	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	600.
FIRST PRESBYTERIAN CHURCH 2936 ROCKEFELLER EVERETT, WA 98203	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	13,300.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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FOUNDATION FOR EARLY LEARNING 615 SECOND AVENUE, SUITE 525 SEATTLE, WA 98104	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
FOUR CORNERS SCHOOL OUTDOOR ED P.O. BOX 1029 MONTICELLO, WA 84535	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
GREATER EVERETT COMMUNITY FNDN P.O. BOX 5549 3302 HILL AVENUE EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,300.
GREENPEACE FUND INC 702 H STREET NW SUITE 300 WASHINGTON, WA 20001	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
HOPELINK 16225 NE 87TH STREET, SUITE A-1 REDMOND, WA 98052	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
HOSPICE OF SNOCO 2372 WETMORE STE. 500 EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	6,650.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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IMAGINE CHILDREN'S MUSEUM 1502 WALL STREET EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	2,606.
INTL CHILDREN'S OUTREACH NTW P.O. BOX 278 SKYKOMISH, WA 98288	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	775.
JR ACHIEVEMENT GRTR PUGET SND 600 STEWART ST. STE. 212 SEATTLE, WA 98101	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
KCTS TELEVISION 401 MERCER STREET SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	300.
KENT STATE UNIVERSITY THE ANNUAL FUND 1061 FRATERNITY CIRCLE, PO BOX 5190 KENT, OH 44242	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
PO BOX 2803 PO BOX 2803 EVERETT, WA 98203	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
KPLU FM 12180 SO. PARK AVE. TACOMA, WA 98447	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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KUOW PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 98105	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
LEADERSHIP SNOHOMISH COUNTY 2000 HEWITT AVE STE 205 EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
LEUKEMIA & LYMPHOMA SOCIETY 530 DEXTER AVE N SUITE 300 SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
LUMMI ISLAND BOYS AND GIRLS CLUB 1715 KENTUCKY BELLINGHAM, WA 98226	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
LUMMI ISLAND HERITAGE TRUST P.O. BOX 158 LUMMI ISLAND, WA 98262	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,750.
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
MARYSVILLE HISTORICAL SOCIETY PO BOX 41 MARYSVILE, WA 98270	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	5,000.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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MUKILTEO PRESBYTERIAN CHURCH 4514 84TH ST SW MUKILTEO, WA 98275	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,100.
MUSCULAR DYSTROPHY ASSOC 701 DEXTER AVENUE N STE 106 SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON ST. STE. 100 SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
OUR SAVIOR'S LUTHERAN CHURCH PO BOX 2927 EVERETT, WA 98203	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	5,500.
PARTNERS IN HEALTH 641 HUNTINGTON AVE. 1ST FLOOR BOSTON, MA 2115	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	300.
PEOPLE FOR PUGET SOUND 911 WESTERN AVENUE STE 580 SEATTLE, WA 98104	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
PILCHUCK AUDUBON SOCIETY 1429 AVENUE D, PMB 198 SNOHOMISH, WA 98290	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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PLANNED PARENTHOOD OF SNO. CO. P.O. BOX 1051 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
POSITIVE DISCIPLINE ASSOCIATION 9417 REMUDA PATH SAN ANTONIO, TX 78254	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
PROVIDENCE GENERAL CHILDREN'S FOUNDATION PO BOX 1147 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	34,200.
PUGET SOUND ADLERIAN SOCIETY 8249 38TH AVENUE NE SEATTLE, WA 98115	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
SALVATION ARMY-EVERETT CORPS PO BOX 1184 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	550.
SEATTLE CHILDREN'S THEATRE ASSN 201 THOMAS STREET SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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SEATTLE REPERTORY THEATRE 155 MERCER STREET SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
SEATTLE UNIVERSITY 901 12TH AVENUE / ADMIN 120 SEATTLE, WA 98122	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
SENIOR SERVICES OF SNOHOMISH COUNTY 8225 44TH AVENUE W. STE. O MUKILTEO, WA 98275	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,100.
SNOHOMISH COUNTY CENTER FOR BATTERED WOMEN PO BOX 7 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	200.
SNOHOMISH COUNTY YOUNG LIFE PO BOX 11 LYNNWOOD, WA 98046	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
SOCIAL VENTURE PARTNERS 1601 2ND AVENUE, SUITE 605 SEATTLE, WA 98101	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	12,000.
SPECIAL OLYMPICS WASHINGTON NW REGION 2150 NORTH 107TH 220 SEATTLE, WA 98133	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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ST. JOHN MISSION 8717 7TH AVENUE EVERETT, WA 98208	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	3,000.
STANFORD UNIVERSITY FOUNDATION PO BOX 20466 STANFORD, CA 94309	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
SUSAN KOMEN BREAST CANCER 5005 LBJ FREEWAY NO 250 DALLAS, TX 75244	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
TAYLOR JONES HUMANE SOCIETY P.O. BOX 3271 ABILENE, TX 79604	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	10,000.
TEXAS LUTHERAN UNIVERSITY 1000 WEST COURT STREET SEGUIN, TX 78155	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	250.
THE DANCE SCHOOL 2821 ROCKEFELLER AVE. EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
THE INTERFAITH ASSOC OF SNOCO P.O. BOX 12824 EVERETT, WA 98206	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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THE SMILE TRAIN 245 5TH AVE SUITE 2201 NEW YORK, NY 10016	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,000.
TRINITY EPISCOPAL CHURCH 2301 HOYT AVE. EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
U. W. NROTC BLUE & GOLD FOUNDATION BOX 358240 SEATTLE, WA 98195	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVENUE NW STE 400 WASHINGTON, DC 20036	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
UNITED WAY OF SNOHOMISH CO 3120 MCDUGALL AVENUE STE 200 EVERETT, WA 98201	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
UNITED WAY RETIREE ASSOCIATION 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST STOP 1008 TACOMA, WA 98416	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	4,000.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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URASENKE FOUNDATION 1907 TAYLOR AVE. N. #3 SEATTLE, WA 98109	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	450.
VILLAGE THEATRE 303 FRONT STREET N ISSAQUAH, WA 98027	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	600.
VOICE LIBRARY IN JAPANESE 4916 162ND COURT NE REDMOND, WA 98052	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100.
VOLUNTEERS OF AMERICA WESTERN WASHINGTON PO BOX 839 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	1,650.
WASHINGTON ST UNIVERSITY FNDN P.O. BOX 641927 PULLMAN, WA 99164	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	3,000.
WASHINGTON STATE COURAGE TO TEACH 4509 INTERLAKE AVENUE N. #200 SEATTLE, WA 98103	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	500.
YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVENUE EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	49,792.

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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YWCA SEATTLE/KING CO/SNOHO CO 1118 5TH AVENUE SEATTLE, WA 98101	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	3,050.
TOTAL CONTRIBUTIONS ACCRUED FROM DONOR ADVISED FUNDS			----- 255,463. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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GRANTS PAID			
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VARIOUS COMMUNITY CHEST GRANTS 3120 MCDUGALL AVE. SUITE 200 EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	19,900.
VARIOUS DESIGNATED CONTRIBUTIONS 3120 MCDUGALL AVE. SUITE 200 EVERETT, WA 98201	NONE NON-PF 501(C) (3)	TO SUPPORT OVER 800 NON-PROFIT AGENCIES IN ACCORDANCE WITH DONOR INSTRUCTIONS	3,105,168.
TOTAL CONTRIBUTIONS PAID			3,125,068.

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GRANTS ACCRUED			
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AMERICAN RED CROSS, SNOHOMISH COUNTY CHAPTER 2530 LOMBARD AVENUE EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	113,500.
BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY 4322 RUCKER AVENUE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	100,000.
BRIDGEWAYS 1220 75TH ST. SW EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	52,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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CAMPFIRE USA 4312 RUCKER AVENUE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	75,000.
CATHOLIC COMMUNITY SERVICES 1918 EVERETT AVENUE EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	197,500.
CENTER FOR HUMAN SERVICES 17018 15TH AVENUE NE SHORELINE, WA 98155	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	15,000.
COCOON HOUSE 2929 PINE EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	176,500.
COMMUNITY HEALTH CENTERS OF SNOHOMISH COUNTY PO BOX 13060 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	43,000.
COMMUNITY RESOURCES FOUNDATION PO BOX 935 STANWOOD, WA 98292	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	27,500.
COMMUNITY SERVICES FOR THE BLIND AND PARTIALLY SIG 9709 THIRD AVE. NE #100 SEATTLE, WA 98115	DESIGNATED AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	87,345.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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COMPASS HEALTH PO BOX 3810 EVERETT, WA 98213	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	25,000.
DEACONESS CHILDREN'S SERVICES 4708 DOGWOOD DRIVE EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	237,000.
DISABILITY RESOURCE CONNECTION 607 SE EVERETT MALL WAY STE. 6C EVERETT, WA 98209	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	59,178.
EAST COUNTY SENIOR CENTER PO BOX 602 MONROE, WA 98272	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	19,200.
ELDERHEALTH NORTHWEST 800 JEFFERSON ST. SEATTLE, WA 98104	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	9,500.
EQUIFRIENDS PO BOX 856 SNOHOMISH, WA 98291	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	9,534.
FRIENDS OF YOUTH 16225 NE 87TH STREET STE. A-6 REDMOND, WA 98052	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	43,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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HEARING, SPEECH & DEAFNESS CENTER 1620 18TH AVENUE SEATTLE, WA 98122	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	16,000.
HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	189,000.
INTERCOMMUNITY MERCY HOUSING 2505 THIRD AVENUE, STE. 325 SEATTLE, WA 98121	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	19,000.
KIDS PLACE EARLY LEARNING CENTER PO BOX 1189 DARRINGTON, WA 98241	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	21,000.
LITTLE RED SCHOOL HOUSE PO BOX 992 LYNNWOOD, WA 98046	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	125,100.
LUTHERAN COMMUNITY SERVICES NORTHWEST 433 MINOR AVENUE N. SEATTLE, WA 98109	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	154,000.
NORTHSHORE SENIOR CENTER 600 128TH ST. SE EVERETT, WA 98208	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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NORTHWEST YOUTH SERVICES 1020 N STATE BELLINGHAM, WA 98227	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	12,000.
PARENT TRUST FOR WASHINGTON CHILDREN 1601 2ND AVE. STE. 410 SEATTLE, WA 98101	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	7,000.
PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	80,000.
PROVIDENCE HOSPICE A& HOMECARE OF SNOHOMISH COUNTY 2372 WETMORE STE. 500 EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	58,650.
SECRET HARBOR SCHOOL PO BOX 440 ANACORTES, WA 98221	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	36,000.
SENIOR SERVICES OF SNOHOMISH COUNTY 8225 44TH AVENUE W. STE. 0 MUKILTEO, WA 98275	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	130,500.
SHERWOOD COMMUNITY SERVICES 402 91ST AVENUE NE EVERETT, WA 98205	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	74,400.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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SNOHOMISH COUNTY CENTER FOR BATTERED WOMEN PO BOX 7 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	66,025.
SNOHOMISH SENIORS PO BOX 1426 SNOHOMISH, WA 98291	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	18,700.
SOUTH COUNTY SENIOR CENTER PO BOX 717 EDMONDS, WA 98020	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	27,000.
STANWOOD COMMUNITY & SENIOR CENTER 7430 276TH STREET NW STANWOOD, WA 98292	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	27,700.
STILLAGUAMISH SENIOR CENTER 18308 SMOKEY POINT BLVD. ARLINGTON, WA 98223	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	34,500.
THE ARC OF SNOHOMISH COUNTY 1513 23RD ST. EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	34,500.
VOLUNTEERS OF AMERICA-WESTERN WASHINGTON PO BOX 839 EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	440,983.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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WORK OPPORTUNITIES 6515 202ND STREET SW LYNNWOOD, WA 98036	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	85,700.
YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER, AVENUE EVERETT, WA 98206	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	294,000.
YWCA OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY 1118 5TH AVENUE SEATTLE, WA 98101	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	133,500.
PRESIDENT'S DISCRETIONARY FUND 3120 MCDUGALL AVE. EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	2,750.
VARIOUS COMMUNITY CHEST GRANTS 3120 MCDUGALL AVE. SUITE 200 EVERETT, WA 98201	GRANTEE AGENCY NON-PF 501(C) (3)	HEALTH AND HUMAN SERVICES	19,900.
TOTAL CONTRIBUTIONS ACCRUED			----- 3,403,665. =====
TOTAL CONTRIBUTIONS PAID AND ACCRUED			----- 6,528,733. =====

FORM 990, PART II - OTHER EXPENSES

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DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PROFESSIONAL FEES	171,207.	81,858.	76,889.	12,460.
DUES & SUBSCRIPTIONS	9,876.	5,081.	3,814.	981.
INSURANCE	17,358.	6,872.	6,946.	3,540.
CAMPAIGN EXECUTIVES	120,254.	261.	NONE	119,993.
PROGRAM & INDIVIDUAL SUPPORT	282,905.	225,862.	NONE	57,043.
MISCELLANEOUS	8,834.	6,563.	915.	1,356.
INVESTMENT EXPENSES	14,301.	NONE	14,301.	NONE
EVENTS	51,995.	31,621.	104.	20,270.
IN-KIND EXPENSES	1,350.	NONE	NONE	1,350.
TOTALS	678,080.	358,118.	102,969.	216,993.

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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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THE UNITED WAY OF SNOHOMISH COUNTY'S MISSION IS LEADING POSITIVE
CHANGE THAT TRANSFORMS OUR COMMUNITY AND IMPROVES PEOPLE'S LIVES IN
SNOHOMISH COUNTY.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

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DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
UNITED WAY'S SUCCESS BY 6 INITIATIVE INCLUDES ALL OF UNITED WAY'S EARLY LEARNING PROGRAMS TO HELP KIDS START SCHOOL, BE READY TO LEARN AND TO SUCCEED IN LIFE. THIS INCLUDES SOCIAL AND EMOTIONAL DEVELOPMENT FOR CHILDREN AND TRAINING CHILD CARE PROVIDERS AND PARENTS, A WEBSITE OF LOCAL RESOURCES FOR PARENTS AND A WEBSITE OF NATIONAL RESOURCES FOR PARENTS AND ANYONE WITH A CHILD IN THEIR LIFE.	NONE	120,387.

FREE TAX PREPARATION: OUR FREE TAX PREPARATION SITES HELP LOW AND MODERATE INCOME INDIVIDUALS CLAIM TAX CREDITS SUCH AS THE EARNED INCOME CREDIT THAT LAST YEAR COMPLETED 1,008 RETURNS FOR \$1.2 MILLION IN REFUNDS.	NONE	52,519.

OUR VOLUNTEER CENTER MATCHES POTENTIAL VOLUNTEERS TO OPPORTUNITIES, EDUCATES THE COMMUNITY ON THE IMPORTANCE OF VOLUNTEERISM, SUPPORTS VOLUNTEER DEVELOPMENT AND RECOGNITION AND ORGANIZES DAYS OF CARING WHERE OVER A THOUSAND VOLUNTEERS PAINT, WEED, READ AND COMPLETE OTHER HANDS-ON PROJECTS.	NONE	116,293.

INDIVIDUAL DEVELOPMENT ACCOUNTS: IDA'S MOVE FAMILIES TOWARD GREATER FINANCIAL STABILITY THROUGH MATCHED SAVINGS ACCOUNTS AND FINANCIAL EDUCATION TOWARD A HOME PURCHASE, HIGHER EDUCATION OR SMALL BUSINESS START-UP.	NONE	90,760.

THE FINANCIAL STABILITY PARTNERSHIP SEEKS TO MOVE FAMILIES IN SNOHOMISH COUNTY TO GREATER ECONOMIC		

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION

GRANTS AND
ALLOCATIONS

EXPENSES

INDEPENDENCE. KEY STRATEGIES ARE PARTNERING TO
DEVELOP A COUNTY-WIDE FINANCIAL ASSET
DEVELOPMENT COALITION OF ORGANIZATIONS COMMITTED
TO WORKING ON MOVING FAMILIES TOWARD FINANCIAL
INDEPENDENCE. UNITED WAY IS A LEADER AT THE
LOCAL AND STATE LEVEL.

NONE 46,858.

TOTALS

NONE 426,817.

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FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FIXED INCOME INVESTMENTS	920,383.	867,156.
STOCKS	957,365.	745,921.
MUTUAL FUNDS	57,072.	26,058.
	-----	-----
TOTALS	1,934,820.	1,639,135.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
BENEFICIAL INTEREST IN ASSETS HELD BY GREATER EVERETT COMMUNITY FOUNDATION	50,000.	50,000.
TOTALS	----- 50,000.	----- 50,000.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
 =====

LENDER: CASCADE BANK LOC
 ORIGINAL AMOUNT: 500,000.
 INTEREST RATE: 5.500000
 DATE OF NOTE: 01/01/2007
 MATURITY DATE: 01/17/2009
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF ACCRUED INTEREST
 SECURITY PROVIDED: PLEDGES RECEIVABLE
 PURPOSE OF LOAN: TO FUND OPERATIONS

BEGINNING BALANCE DUE	283,391.
ENDING BALANCE DUE	206,353.

LENDER: CASCADE BANK MORTGAGE 1
 ORIGINAL AMOUNT: 2,100,000.
 INTEREST RATE: 6.110000
 DATE OF NOTE: 02/01/2007
 MATURITY DATE: 02/01/2032
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$13,784
 SECURITY PROVIDED: DEED OF TRUST ON ORGANIZATION'S BUILDING
 PURPOSE OF LOAN: TO FINANCE PURCHASE OF BUILDING

BEGINNING BALANCE DUE	2,084,385.
ENDING BALANCE DUE	2,050,778.

LENDER: CASCADE MORTGAGE 2
 ORIGINAL AMOUNT: 660,000.
 INTEREST RATE: 7.240000
 DATE OF NOTE: 02/01/2007
 MATURITY DATE: 02/01/2032
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$4,810
 SECURITY PROVIDED: DEED OF TRUST ON ORGANIZATION'S BUILDING
 PURPOSE OF LOAN: TO FINANCE PURCHASE OF BUILDING

BEGINNING BALANCE DUE	655,809.
ENDING BALANCE DUE	646,950.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,023,585.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,904,081.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

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DESCRIPTION	AMOUNT
-----	-----
DONOR DESIGNATED GRANT FUNDS	3,360,630.
LOSS ON DISPOSITION OF ASSETS	
INCLUDED WITH EXPENSES ON	
FINANCIAL STATEMENTS	-353.
INVESTMENT EXPENSE	14,301.

	3,374,578.
	=====
TOTAL	

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
LOSS ON DISPOSITION OF ASSETS INCLUDED WITH EXPENSES ON FINANCIAL STATEMENTS	353.
TOTAL	----- 353. =====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
DONOR DESIGNATED GRANT FUNDS	3,360,630.
INVESTMENT EXPENSE	14,301.
TOTAL	----- 3,374,931.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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CARL ZAPORA 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	PRESIDENT & CEO 37.50	130,395.	25,369.	1,125.
DENNIS SMITH 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	EXECUTIVE VICE-PRESIDENT 37.50	88,464.	18,613.	NONE
BARBARA DAVIS 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	VP, IMPACT 37.50	69,883.	15,615.	NONE
DEBORAH SQUIRES 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	VP, IMPACT 37.50	68,791.	15,440.	NONE
KAREN CROWLEY 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	VP, IMPACT 37.50	71,719.	12,325.	NONE
JERI WILKES 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	VP, FINANCE & ADMIN 37.50	68,458.	15,386.	NONE
MAX RIGGS 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	VP, IT 37.50	67,128.	15,175.	NONE
TRISH LEHR 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	DIRECTOR OF HUMAN RESOURCES 37.50	42,118.	10,989.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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SUE BETZ 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
KIM BUIKE 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
ED CAROLAN 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
LISA CLARKE 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
RICHARD COOPER 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
JOHN DICKSON 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
MIKE GAFFNEY 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
PETER GRODT 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN GUSTAFSON 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
PEGGY HAIN 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
KEN KETTLER 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
KENNETH KONOPA 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
DR. MARCI LARSEN 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
JIM LITZ 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
BECKY MACKENSTADT 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
DEBBIE MCLEOD 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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GREG METCALF 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
JAJA OKIGWE 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
KIMBERLEY PASTEGA 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
AARON REARDON 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
MATT REINHARD 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
BUZZ RODLAND 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
BOB ROMMEL 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
KAREN SHAW 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DON SHOVE 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
STEPHEN SMITH 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
EDDIE TADLOCK 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
ED TRIEZENBERG 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
LAURA VAN SLYCK 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
SHARON WELLMAN 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
CAROL WHITEHEAD 3120 MCDOUGALL AVE., SUITE 200 EVERETT, WA 98201	BOARD MEMBER 1.00	NONE	NONE	NONE
GRAND TOTALS		606,956.	128,912.	1,125.

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
MISCELLANEOUS			01	919.	
WEBSITE DESIGN SALES			01	1,000.	
VOLUNTEER TRAINING			01	2,985.	
ONLINE GIFTS			01	569.	
CHILDHOOD TRAINING			01	1,000.	
		-----		-----	-----
TOTALS				6,473.	
		=====		=====	=====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
JOHN RIVERA-GREENE 3120 MCDUGALL AVE. SUITE 200 EVERETT, WA 98201	DIR OF DEVELOPMENT 37.50	61,054.	14,195.	NONE
E STEVEN LYE 3120 MCDUGALL AVE. SUITE 200 EVERETT, WA 98201	SR MNGR, CAMPAIGN 37.50	50,008.	12,419.	NONE
	TOTAL COMPENSATION	----- 111,062. =====	----- 26,614. =====	----- NONE =====

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
MISCELLANEOUS & FEE INCOME	3,194.	1,717.	6,261.	34,632.	45,804.
TOTALS	3,194.	1,717.	6,261.	34,632.	45,804.
	=====	=====	=====	=====	=====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2007

Name of estate or trust

Employer identification number

UNITED WAY OF SNOHOMISH COUNTY

91-0606507

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	19,280.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	19,280.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		19,280.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		19,280.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16 ()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates
Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.
Caution: Skip this part and complete the worksheet on page 43 of the instructions if:
 • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
 • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)	27		
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)	31		
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

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

Name(s) shown on return UNITED WAY OF SNOHOMISH COUNTY	Identifying number 91-0606507
--	---

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
--	----------

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7
<p>Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>						
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
SEE STATEMENT 1						-353.
11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 -353.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A				
B				
C				
D				
These columns relate to the properties on lines 19A through 19D. ▶	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20			
21 Cost or other basis plus expense of sale	21			
22 Depreciation (or depletion) allowed or allowable . .	22			
23 Adjusted basis. Subtract line 22 from line 21	23			
24 Total gain. Subtract line 23 from line 20.	24			
25 If section 1245 property:				
a Depreciation allowed or allowable from line 22 . .	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975 (see instructions)	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions).	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage (see instructions) . .	27b			
c Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a			
b Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:				
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Open to Public Inspection
 for 501(c)(3) Organizations Only

For calendar year 2007 or other tax year beginning 07/01, 2007, and
 ending 06/30, 2008. See separate instructions.

A Check box if address changed

B Exempt under section
 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a)

C Book value of all assets at end of year: 12,815,208.

D Employer identification number: 91-0606507

E Unrelated business activity codes: 531120

Name of organization (Check box if name changed and see instructions.): UNITED WAY OF SNOHOMISH COUNTY

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 200

3120 MCDOUGALL AVE

City or town, state, and ZIP code: EVERETT, WA 98201

F Group exemption number (See instructions for Block F on page 9.) 12,815,208.

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. RENTAL OF BUILDING TO A COMMERCIAL ENTITY.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of JERI WILKES, CPA Telephone number 425-374-5500

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	149,452.	146,167.	3,285.
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See page 11 of the instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	149,452.	146,167.	3,285.

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See page 14 of the instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b NONE
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			3,285.
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			3,285.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			2,285.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, and Total tax computation.

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit, Other credits, Total credits, Total tax, Total payments, and Tax due.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, and Total.

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.

Sign Here: Signature of officer, Date, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

BELLEVUE, WA 98004

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) SEE STATEMENT 1				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			149,452.	146,167.
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)). ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5). . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

=====

1. DESCRIPTION OF DEBT-FINANCED PROPERTY =====	2. GROSS INCOME =====	3. DEDUCTIONS DIRECTLY CONNECTED (3A) =====	3. DEDUCTIONS DIRECTLY CONNECTED (3B) =====	4. AVERAGE ACQUISITION DEBT =====	5. AVERAGE ADJUSTED BASIS =====	6. % 4 IS OF 5 =====	7. GROSS INCOME REPORTABLE (2 X 6) =====	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B) =====
3120 MCDUGALL AVE-FIRST FLOOR	186,524.	45,525.	136,899.	2,718,960.	3,393,395.	80.125	149,452.	146,167.
				TOTALS			----- 149,452. =====	----- 146,167. =====

EIN: 91-0606507
FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	420,000.	NONE	NONE	420,000.
Land Improvements				
Buildings	3,479,443.	45,524.	128,061.	3,351,382.
Leasehold Improvements				
Equipment	379,135.	28,049.	319,191.	59,944.
Furniture & Fixtures	53,042.	9,347.	13,032.	40,010.
Property, Plant & Equipment	<u>4,331,620.</u>	<u>82,920.</u>	<u>460,284.</u>	<u>3,871,336.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>4,331,620.</u>		<u>460,284.</u>	<u>3,871,336.</u>
Total Depreciation Expense, line 42		<u>82,920.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.