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21

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Ib

Open to Public Inspection

943,613.

Form 990 (2006)

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2006 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable use IRS label or Addres THE UNITED WAY, INC. 81-0304856 orint or Name change type Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial P.O. BOX 7217 406-752-<u>7</u>266 Specific Instruc Final City or town, state or country, and ZIP + 4 F Accounting method Cash X Accrual Other (specify) Amen KALISPELL, MT 59904-0217 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). Yes X No H(a) Is this a group return for affiliates? G Website: ►N/A H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) \( \bar{X} \) 501(c) ( 3 ) \( \bar{A} \) (Insert no.) H(c) Are all affiliates included? N/A (If "No," attach a list.) if the organization is not a 509(a)(3) supporting organization and its gross is this a separate return filed by an or-Yes X No receipts are normally not more than \$25,000. A return is not required, but if the organization ganization covered by a group ruling? chooses to file a return, be sure to file a complete return. N/A Group Exemption Number Check ▶ ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1.130.093 Revenue, Expenses, and Changes in Net Assets or Fund Balances Part I Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds 1a 122,993 Direct public support (not included on line 1a) 16 c Indirect public support (not included on line 1a) 1c Government contributions (grants) (not included on line 1a) 1d e Total (add lines 1a through 1d) (cash \$ 1,122,993. noncash \$ 1,122,993. 1e Program service revenue including government fees and contracts (from Part VII, line 93)

Membership dues and assessments

Internal Revenue Service 2 2 3 3 Membership dues and assessments Missoula, Montana 7.100. Interest on savings and temporary cash investments 4 4 5 5 Dividends and interest from securities **Gross rents** Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a 6ç 7 Other investment income (describe 8 a Gross amount from sales of assets other (B) Other (A) Securities than inventory 8a b Less: cost or other basis and sales expenses 86 Gain or (loss) (attach schedule) 8c d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1b) 9a Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a 9c 10a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c Other revenue (from Part VII, line 103) 11 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,130,093. 1,019,96<u>9.</u> Program services (from line 44, column (B)) 13 13 47,758. 14 Management and general (from line 44, column (C)) 14 47,401. Fundraising (from line 44, column (D)) 15 15 SEE STATEMENT 1 Payments to affiliates (attach schedule) 8.555. 16 16 123,683. Total expenses. Add lines 16 and 44, column (A) 17 17 18 Excess or (deficit) for the year. Subtract line 17 from line 12 6,410. 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 936,571 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 632. Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

Pa	art II Statement of Functional Expenses					d (D) are required for section le trusts but optional for othe	
	Do not include amounts reported on 1 6b, 8b, 9b, 10b, or 16 of Part I.	line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds	, "					
	(attach schedule)		J				
	(cash \$ 0 • noncash \$	0.	ı			ļ	
	If this amount includes foreign grants, check here		22a				
22b	Other grants and allocations (attach s	chedule)				STATEMENT 4	
	(cash \$672,290 - noncash \$	0.	- 1			,	•
	If this amount includes foreign grants, check here		22b	672,290.	672,290.	1	·
23	Specific assistance to individuals (atta	ach					
	schedule)	[	23			ļ	
	Benefits paid to or for members (attack					}	
	schedule)	. [	24				
	Compensation of current officers, directors						
	employees, etc. listed in Part V-A		25a	23,347.	21,012.	1,868.	467.
b	Compensation of former officers, directors	, key					
	employees, etc. listed in Part V-B		25b	0.	0.	0.	0.
C	Compensation and other distributions, not	included					
	above, to disqualified persons (as defined t	ſ					
	section 4958(f)(1)) and persons described		- [				
	section 4958(c)(3)(B)		25c			ļ	
	Salaries and wages of employees not						
	included on lines 25a, b, and c		26	42,232.	37,628.	3,630.	974.
	Pension plan contributions not include						
	lines 25a, b, and c	i i	27			j	
	Employee benefits not included on line						
	25a · 27		28	12,861.	10,821.	1,800.	240.
	Payroli taxes		29	6,873.	6,186.		137.
	Professional fundralsing fees		30	0,0,5.	0,100.		
	Accounting fees		31	7,934.		7,934.	<del></del>
	Legal fees		32	7,554.		7,753.	
			33	27,760.	3,010.	20,764.	3,986.
	Supplies Telephone		34	6,921.	6,161.		134.
	Postage and shipping		35	8,723.	3,417.		1,824.
38 33	Occupancy	·· · ·	36	6,002.	5,082.		52.
3U 27	Occupancy Equipment rental and maintenance	· · ·	37	990.	<u> </u>	990.	32.
	Printing and publications		38		<del></del>	750.	
	Tuescal		39	5,717.	5,717.		
			40		٠ ١ ـ ١ ـ ر ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	<del> </del>	
	Conferences, conventions, and meetil	· · ·	41	6,399.	6,207.	128.	64.
	Interest		$\overline{}$	8,918.	7,929.		82.
	Depreciation, depletion, etc. (attach sch		42	0,310.	1,363.	307.	02.
_	Other expenses not covered above (it						
			138			<del></del>	
0			13b				<del></del>
C.		r	43c			<u> </u>	
٥.			13d			<del></del>	
е.			13e			·	
f.			43f	050 464			
	SEE STATEMENT 3		130	278,161.	234,509.	4,211.	39,441.
	Total functional expenses. Add lines 22a t	- 1				İ	
	43g. (Organizations completing columns (B			4 445 455		1	
_	carry these totals to lines 13-15)		44		1,019,969.	47,758.	47,401.
	nt Costs. Check 🕨 📖 if you are fo						
	any joint costs from a combined educationa						Yes X No
	es," enter (i) the aggregate amount of these		\$ _		ii) the amount allocated to		<b>N/A</b> ;
	the amount allocated to Management and g	eneral \$		N/A ; and (	iv) the amount allocated to	Fundraising \$	N/A
32301	11						Form <b>990</b> (2006)

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### THE UNITED WAY, INC.

81-0304856

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Form **990** (2006)

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.

FU	ND RAISING F	nmary exempt purpos OR TAX EXEM		<del></del>		Program Service Expenses
All d	organizations must descr nts served, publications i	ibe their exempt purp	ose achievements in a cle chievements that are not i	ar and concise manner. Si measurable. (Section 501( le amount of grants and al	c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	GRANTS AND A TO AGENCIES)	LLOCATIONS	(SEE ATTACHE	SCHEDULE OF	ALLOCATION	<u>S</u>
b	(Grants and allocations	\$ 672	2,286.) If this amou	nt includes foreign grants,	, check here 🕨 🛚	1,019,969.
c	(Grants and allocations	\$	) If this amou	nt includes foreign grants,	, check here 🕨 📗	
d	(Grants and allocations	\$	) If this amou	nt includes foreign grants,	, check here	
e	(Grants and allocations Other program services	\$ (attach schedule)	) If this amou	nt includes foreign grants,	check here	
_	(Grants and allocations	<u> </u>	) If this amou	nt includes foreign grants,	check here	1.019.969.

623021 01-18-07

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. Beginning of year End of year Cash - non-interest-bearing . . . 45 196,612 215,102. 46 Savings and temporary cash investments 140.273. 142,350 46 47 a Accounts receivable Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable .... 727,429 Less: allowance for doubtful accounts 48b 618.710. 48c 600,382. Grants receivable . . . . . . . 49 49 50 a Receivables from current and former officers, directors, trustees, and key employees ... .. 50a .. .. .. b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 51 a Other notes and loans receivable . ... 51a b Less: allowance for doubtful accounts <u>5</u>1b 52 Inventories for sale or use 52 53 Prepaid expenses and deferred charges .... 53 ► Cost 54 a Investments - publicly-traded securities 54a b Investments - other securities Cost 55 a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation 55b 55c SEE STATEMENT 5 5. 0. 56 56 254.773 57 a Land, buildings, and equipment basis 57a Less: accumulated depreciation 57b 72,971 189,537. 57c 181,802. Other assets, including program-related investments 58 SEE STATEMENT 6 112.863. 52.105 (describe > 199,319 1,250,422. 59 Total assets (must equal line 74). Add lines 45 through 58 59 21,447. 60 Accounts payable and accrued expenses ....... 60 152,777. 142,449. 61 Grants payable 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable ... 108,947. 103,868. 11,347. 65 28,717. 65 Other liabilities (describe Total liabilities. Add lines 60 through 65 262,748. 306,809. Organizations that follow SFAS 117, check here \( \subseteq \textbf{X} \) and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 177,091. 169,491. Unrestricted 67 693,389. 704,007. 68 Temporarily restricted 68 66,091. 70.115. Permanently restricted 69 Organizations that do not follow SFAS 117, check here 

and complete lines 70 through 74. Capital stock, trust principal, or current funds 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. 936,571 (Column (A) must equal line 19 and column (B) must equal line 21) 943,613. Total liabilities and net assets/fund balances. Add lines 66 and 73 199,319 1,250,422. 74

orm 990 (2006)  THE UNITED WAY, INC. Part IV-A Reconciliation of Revenue per Audited Finar	ncial Statements W	ith Revenue p	81-03048 er Return (s	856 Page <b>5</b>
instructions)				
Total revenue, gains, and other support per audited financial statement	nts		. a 1	<u>,080,972.</u>
Amounts included on line a but not on Part I, line 12:	1		_	
1 Net unrealized gains on investments	<u>1</u>		32.	
2 Donated services and use of facilities	L	101,8	68.	
3 Recoveries of prior year grants	<u>.</u>	3		
4 Other (specify):		04		
Add lines b1 through b4			b	102,500.
Subtract line b from line a			c	978,472.
d Amounts included on Part I, line 12, but not on line a:			1 1	
1 Investment expenses not included on Part I, line 6b		d1		
2 Other (specify): DONOR DESIGNATED CONTRIBUT	IONS	151,6	21.	
Add lines d1 and d2			<u>d</u>	151,621.
R Total revenue (Part I line 12) Add lines c and d			<b>▶</b>   8   1	,130,093.
Part IV-B Reconciliation of Expenses per Audited Fina	ncial Statements V	Vith Expenses	per Return	
Total expenses and losses per audited financial statements			a 1	,073,930.
Amounts included on line a but not on Part I, line 17:				
1 Donated services and use of facilities		101,8	68.	
2 Prior year adjustments reported on Part I, line 20		02		
3 Losses reported on Part I, line 20				
4 Other (specify):		b4		
Add lines b1 through b4			ь	101,868.
Subtract line b from line a			c	972,062.
d Amounts included on Part I, line 17, but not on line a:			"	<u> </u>
1 Investment expenses not included on Part I, line 6b	1,	a1	l'	
2 Other (specify): DONOR DESIGNATED ALLOCATIO		151,6	21.	
Add lines d1 and d2	<del></del>		a	151,621.
and the second s			· · · — — — — — — — — — — — — — — — — —	,123,683.
Part V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ch person who was	s an officer, dire	
or key employee at any time during the year even if they we	(R) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter	employee benefit plans & deferred compensation plan	account and other allowances
SEE SCHEDULE ATTACHED	DIRECTORS		_	
	0.00	0.	0_	
HARON STEVENS WULF	EXEC DIRECTOR	1		
O.O. BOX 7217, KALISPELL, MT 59904-02				
	40.00	23,347.	0.	0.
		,		
				1
		ĺ		
		1		
		1		1
		[		
	<del></del>	<del></del>		<del></del>
		]		

Form **990** (2006)

Form 990 (2006)

	990 (2006) THE UNITED WAY, INC.			81-0304	<u>856</u>	Pi	age 6
	rt V-A Current Officers, Directors, Trustees, and Ke	<del></del>				Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted t meetings	o vote on organization bus	siness at board	24			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business related.	dother independent contra	actors listed in Sch	loyees nedule A,			
	the individuals and explains the relationship(s)	ionships in tes, attach	a statement that it	Jenunes .	75b		X
C	Do any officers, directors, trustees, or key employees listed in Form 9 listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sci	nedule A,			
	organization? See the instructions for the definition of "related organ	ization."			75c		<u> </u>
	If "Yes," attach a statement that includes the information described it	in the instructions.					
	Does the organization have a written conflict of interest policy?				75d		
Pa	rt V-B Former Officers, Directors, Trustees, and Ke- Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of cor	ployee received compens	ation or other ben	efits (describe	d belo	w) dur	
•	the year, list that person below and enter the amount of cor	npensation of other benef	(C) Compensation			E) Expe	<u>-</u> -
	(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	employee benefi plans & deferred compensation pla	it a	ccount a	and
<del>-</del> -							
					İ		
- <b>-</b>							
					↓_		
					1_		
					Ш_		
					+-		
Pa	rt VI Other Information (See the instructions )					Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	d			
	statement of each change				76		X
77	Were any changes made in the organizing or governing documents b	out not reported to the IRS	?		77	<b> </b>	X
	If "Yes," attach a conformed copy of the changes.			_	,		
78 a	Did the organization have unrelated business gross income of \$1,000	or more during the year o	covered by this ret	F	78a		<u>X</u>
79	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contra	action during the year? If I	Vac " attach a ctat	N/A	78b 79	<del></del>	
79 30 a	Is the organization related (other than by association with a statewide	• •		- t	, a		
. J a	membership, governing bodies, trustees, officers, etc., to any other e		•		80a	, 1	X
b	If "Yes," enter the name of the organization ► N/A						
		and check whether it is	exempt or	nonexempt	ĺ		
31 a	Enter direct or indirect political expenditures. (See line 81 instructions	;) [	818	0.			
b	Did the organization file Form 1120-POL for this year?				81b	000	<u>X</u>
					Form	990 (2	zuu6)

	990 (2006) THE UNITED WAY, INC. 81-0304	<u>856</u>		age 7
	rt VI Other Information (continued)		Yes	NO
82 a	,		۱	Í
	less than fair rental value?	82a	X	<del> </del>
b	If "Yes," you may indicate the value of these items here. Do not include this	`		-
	amount as revenue in Part I or as an expense in Part II.		'	ĺ
	(See instructions in Part III.) 82b 101,868.	1	l <u></u>	
83 a	• · · · · · · · · · · · · · · · · · · ·	83a	X	<b> </b>
, b	, , , , , , , , , , , , , , , , , , ,	83b		<del> </del>
84 8	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	}	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
. b		85b		
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.		ł	ĺ
c	Dues, assessments, and similar amounts from members	1		l
	37/3	1		1
ě	37/3	1	١.	ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	1 .	<b>}</b> -	
•	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	850		1
ì		-		
•	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	}		l
	following tax year?	85h		l
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		1.	
00				ł
	line 12  Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		l
07		1	1	
87		1 .		
E	· · · · · · · · · · · · · · · · · · ·	_		ĺ
۵0 -	against amounts due or received from them.)  At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1 -	, <u></u>	ŀ
00 8	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	1.	1.7	
	16 IlVan II nomplete Dert IV	88a	1	x
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	004		-
		886		x
	section 512(b)(13)? If "Yes," complete Part XI	000	<del> </del> -	-
98 8	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 • ; section 4915 ▶ 0 •			
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	004		v
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	1		1
	sections 4912, 4955, and 4958			ĺ
				v
4	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
ı	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<b></b>	
ę	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,		İ	v
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	L	X
_	List the states with which a copy of this return is filed NONE			—.
b 24 -	Number of employees employed in the pay period that includes March 12, 2006  The books are in care of ► SHARON STEVENS WULF  Telephone no. ► 406-75	2 7	266	
91 a				
	Located at $\triangleright$ P. O. BOX 7217, KALISPELL, MT ZIP+4 $\triangleright$ 5	<u> </u>	4 − ∪ Yes	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		1.63	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	915	l	X
	If "Yes," enter the name of the foreign country   N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			i
	and Financial Accounts	, ,		

Form **990** (2006)

Part VI Other Information (continued)	VAY, IN	ic.		81-	0304856 Page
<del></del>					Yes No
c At any time during the calendar year, did the orga		_	f the Unit	ed States?	91c X
If "Yes," enter the name of the foreign country		N/A			
2 Section 4947(a)(1) nonexempt chantable trusts file					▶ L
and enter the amount of tax-exempt interest receipert VII Analysis of Income-Producing			··	▶ 92	N/A
		ted business income	Excluder	d by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	(D)	(E)
	Business	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue:	Code		code		10110110111111001110
·	<del></del>		+		
D	<del></del>	<del></del>	+		<del> </del>
4		<del>                                     </del>	+		
d		<del> </del>	+ +	- <del></del>	
f Medicare/Medicaid payments	<b> </b>		+		<del></del>
g Fees and contracts from government agencies		<del>                                     </del>	<del> </del>		
Membership dues and assessments		† <del>-</del>	+-+	<del></del>	
95 Interest on savings and temporary cash investments	}	<del>  -</del>	14	7,100.	<del></del>
96 Dividends and interest from securities	-	<del> </del>	1 - 2	7,100.	
97 Net rental income or (loss) from real estate:	<del></del>	<del>                                     </del>	+ +	·	<del></del>
		<del> </del>	<del>                                     </del>		
a debt-financed property  b not debt-financed property	<b>—</b>		1 1		<del></del>
98 Net rental income or (loss) from personal property	-		╅┈╌┼	<del></del>	
99 Other investment income	<del> </del>		+		
00 Gain or (loss) from sales of assets			<del>  -</del>		<del></del>
ather then inventory			1 1		1
other than inventory  11 Net income or (loss) from special events			<del>     </del>		
02 Gross profit or (loss) from sales of inventory	-		1		<del></del>
03 Other revenue:			+-+		·
			1		
b			<del>                                     </del>		<del></del>
c			1	<del></del>	
d					<del> </del>
•			$\top$		
04 Subtotal (add columns (B), (D), and (E))		0.	1	7,100.	0
			<u> </u>	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	7,100
ote: Line 105 plus line 1e, Part I, should equal the amo					
Part VIII Relationship of Activities to the			ot Purp	OSES (See the instruction	ons.)
Line No. Explain how each activity for which income is rep			<u>.</u>		
exempt purposes (other than by providing funds		• •	p	,	,, s. <b>g</b> s
N/A					
Part IX Information Regarding Taxable	Subsidia		ed Ent	<b>ities</b> (See the instruction	15.)
(A) (B) Name, address, and EIN of corporation, Percentage of		(C)		(D)	(E)
partnership, or disregarded entity ownership intere	st	Nature of activities		Total income	End-of-year assets
I/A	%				
	%				
	%				
	%				
Part X Information Regarding Transfer	s Associa	ted with Personal	Benefi	it Contracts (See the	instructions.)
(a) Did the organization, during the year, receive any funds,		<del></del>			Yes X No
(b) Did the organization, during the year, pay premiums, dire	•		•		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (se					
		<u></u>			Form <b>990</b> (2006

	81-030	)4856 Page 9
	S. Complete only if the organi	zation is a
	12(b)(13) of the Code? If "Yes	Yes No
(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	-	
tity as defined in sect	ion 512(b)(13) of the Code? If	"Yes," Yes No
(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
7, 2006, covering the	interest, rents, royalties, and	Yes No
ng schedules and statements h preparer has any knowledg	s, and to the best of my knowledge and ye PART	belief, it is true, correct,
9/21/07 8	elf- mployed >	N or PTIN (See Gen Inst X)
ja, stevens,		755-3681 Form <b>990</b> (2006)
	(B) Employer Identification Number  (B) Employer Identification Number  7, 2006, covering the mg schedules and statement th preparer has any knowledge  2/2/2/07	s defined in section 512(b)(13) of the Code? If "Yes (B) (C) Description of transfer  tity as defined in section 512(b)(13) of the Code? If (C) Description of transfer  tity as defined in section 512(b)(13) of the Code? If (C) Description of transfer  To a code (C) Description of transfer  7, 2006, covering the interest, rents, royalties, and in preparer has any knowledge and the preparer has any knowledge  Date  Date

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

623101/01-18-07

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

2006

Name of the organization			<b>Employer</b> identif	ication number
THE UNITED WAY, INC.			81 03048	
Part I Compensation of the Five Highest Paid (See page 2 of the instructions. List each one. If there are no	one, enter "None.")		ctors, and T	rustees
(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 othe allowances
NONE				
Total number of other employees paid over \$50,000	<b>&gt;</b> 0			
Part II-A Compensation of the Five Highest Paid (See page 2 of the instructions. List each one (whether indirections)	Independent Contracto		onal Service	es
(a) Name and address of each independent contractor paid m		(b) Type of s	service	(c) Compensation
NONE				
				<del></del>
Total number of others receiving over \$50,000 for professional services	<b>▶</b> 0		-	-
Part II-B Compensation of the Five Highest Paid (List each contractor who performed services other than pre- firms. If there are none, enter "None." See page 2 of the instr	Independent Contractor of the services, whether individual services, whether individual services in the services of the servic		ervices	
(a) Name and address of each independent contractor paid m		(b) Type of s	ervice	c) Compensation
NONE				
		<del>_</del>		
				<del></del>
Total number of other contractors receiving over		<del></del>		
\$50,000 for other services	▶ 0			

Sct	nedule A (Form 990 or 990-EZ) 2006 THE UNITED WAY, INC. 81-030	<u>)485</u>	6 F	Page 2
P	art 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	Τ		
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities ▶ \$ (Must equal amounts on line 38, Part VI-A, or			
	line j of Part VI-B.)	1	1	х
	Organizations that made an election under section 501(h) by filling 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.)			
8	Sale, exchange, or leasing of property?	2a		X
t	Lending of money or other extension of credit?	2b	<u> </u>	X
	Furnishing of goods, services, or facilities?	2c	ļ	X
(	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	26	X	<u> </u>
•	Transfer of any part of its income or assets?	28	<u> </u>	X
3 8	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
ŧ	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
(	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	Ì		
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<u> </u>	X
(	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 8	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	1		
	and 4g	4a	<u> </u>	X
ŧ	Did the organization make any taxable distributions under section 4966?	4b	<u> </u>	
(	: Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
(	I Enter the total number of donor advised funds owned at the end of the tax year		_N/	<u> </u>
•	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Α
1	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

	,				,		
Sched	ule A (F	orm 990 or 990-EZ) 2006 THE UNITED WA	Y, INC.			81-03	04856 Page 3
Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 7 of the instruction	ns.)		
I certif	y that th	ne organization is not a private foundation because it is: (l	Please check only ONE ap	oplicable box.)			
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1	)(A)(ı).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	t V.)				
7		A hospital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(ii	i).			
8		A federal, state, or local government or governmental t	unit. Section 170(b)(1)(A)	(v).			
9		A medical research organization operated in conjunction	on with a hospital. Section	170(b)(1)(A)(III). Enter t	he hospital's	name, city,	
		and state 🕨		····			
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental u	unit. Section	170(b)(1)(A)(r	v).
		(Also complete the Support Schedule in Part IV-A.)					
11a	$\mathbf{X}$	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general (	public.	
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part (V-A.)				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sched	tule in Part IV-A.)			
12		An organization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	ership fees, a	nd gross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				ses acquired	
		•		• •			
13		An organization that is not controlled by any disqualifie		undation managers) and	otherwise me	ets the require	ements of section
		509(a)(3). Check the box that describes the type of su				<del></del>	
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	Other
				1 1 107-1	Ab		
		Provide the following information a		1	1		(-)
		(a)	(b)	(c)	(d	1	(e)
		Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		apported   on listed in	Amount of support
			number (EIN)	5 through 12 above		porting	ooppoii
			, ,	or IRC section)		zation's	
					governing	documents?	
					<u></u>		
			<del> </del>		Yes	No	
						<del></del>	

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2008

Total

. Sched	lule A (Form 990 or 990-EZ) 2006 T						0304856	Page 4
Par	T IV-A Support Schedule (Co	omplete only if you che worksheet in the inst	ecked a box on line 10	, 11, or 12.) Use cash from the accrual to the	method of acc	ountin	n <b>g.</b> ountina.	
	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Tota	
15	Gifts, grants, and contributions	(4) 2003	(0) 2004	(6) 2003	(0) 2002		(0) 1018	<u> </u>
••	received. (Do not include unusual grants. See line 28.)	1,151,848.	951,017.	824,753.	750,9	84	3,678,	602
16	Membership fees received	1,131,040.	231,017.	024,133.	750,5	04.	3,0,0,	002.
17	Gross receipts from admissions.							
	merchandise sold or services							
	performed, or furnishing of facilities in any activity that is							
	related to the organization's							
	charitable, etc., purpose							
18	Gross income from interest, dividends, amounts received from							
	payments on securities loans (sec-							
	tion 512(a)(5)), rents, royalties, and unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired by the organization after June 30, 1975	2,644.	1,590.	1,300.	2.0	51.	7.	585.
19	Net income from unrelated business		1,350.	1,300.	4,0	<u> </u>		<u> </u>
	activities not included in line 18							
20	Tax revenues levied for the organization's benefit and either							
	paid to it or expended on its behalf							
21	The value of services or facilities							
	furnished to the organization by a governmental unit without charge.							
	Do not include the value of services							
	or facilities generally furnished to							
22	the public without charge Other income, Attach a schedule.							
22	Do not include gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22	1,154,492.	952,607.	826,053.	753,0	35.	3,686,	187.
24	Line 23 minus line 17	1,154,492.	952,607.		753,0	35.	3,686,	
25	Enter 1% of line 23	11,545.	9,526.	8,261.	7,5	30.		,
26	Organizations described on lines 1				<b>&gt;</b>	26a	73,	724.
b	Prepare a list for your records to she						-	- '
	unit or publicly supported organizati			ded the amount shown in	line 26a.		106	226
	Do not file this list with your return.			•		26b		336.
	Total support for section 509(a)(1) t			•		26c	3,686,	10/.
a	Add: Amounts from column (e) for le	nes: 18	7,585. 19 26b	186,33	<u>-</u>	26d	103	921.
	Public support (line 26c minus line 2		200	100,33	<u>.                                    </u>	26e	3,492,	
f	Public support percentage (line 26)	•	line 26c (denominator)			26f		7393%
27	Organizations described on line 12				Isqualified persor	******		
	records to show the name of, and to							of
	such amounts for each year:	N/A						
	(2005)	(2004)	(2	003)	(200	)2)		
þ	For any amount included in line 17 th		•					
	and amount received for each year, t		• • •	- ,	• •		•	
	described in lines 5 through 11b, as	•	•		• _	een the	amount received	and
	the larger amount described in (1) of	• •	•	•		١٥١		
_	(2005)	(2004)	*	003)	(200	)2)		
C	Add: Amounts from column (e) for li			16 21		27c	N/	' <b>A</b>
d	Add: Line 27a total		d line 27b total			27d	N/	
e	Public support (line 27c total minus		o mio 270 total			27e	N/	
f	Total support for section 509(a)(2) to		23, column (e)	➤ 27f1	N/A			
g	Public support percentage (line		* *		<b>&gt;</b>	27g	N/	A %
•	Investment income percentage	•	•		or)) <b>&gt;</b>	27h	N/	
28 U	Inusual Grants: For an organization	described in line 10, 11,	or 12 that received any u	nusual grants during 200	2 through 2005, r	repare	a list for your reco	ords to
si re	how, for each year, the name of the co eturn. Do not include these grants in I	ontributor, the date and ai ine 15.	mount of the grant, and a	brief description of the na	iture of the grant.	Do not	file this list with y	Your

Schedule A (Form 990 or 990-EZ) 2006

NONE

623131 01-18-07

Private School Questionnaire (See page 9 of the instructions.)

N/A

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	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			l
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
		_		
		_   .	1	
32	Does the organization maintain the following:			l
8	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.)			
	,			l
		_		-
33	Does the organization discriminate by race in any way with respect to:	<del></del>	,	}
а	Students' rights or privileges?	33a		]
ь	Admissions policies?	33b		1
C	Employment of faculty or administrative staff?	33c	<del>                                     </del>	
ď	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
,	Use of facilities?	33f		
	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.)	00.7	<b></b> -	:
	in you arismoted 103 to any of the above, prease explaint (in you need more spaces, attach a separate statement)			ā,
		- j		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
34 a b	Has the organization's right to such aid ever been revoked or suspended?	34b		
U	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
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,			
JJ	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	0.5		
	1970 2 0.05 007, 0070 my radial mondisol miniation: 11 190, attach all Capitaliation	35		

Schedule A (Form 990 or 990-EZ) 2008

<u> P</u>		tures by Electing Public Charities (	See page 10	of the instructions.)	N/A
		an eligible organization that filed Form 5768)		<del></del>	
<u>Ch</u>	ck 🕨 a 💹 if the organization belong	is to an affiliated group. Check 🕨 🕽 📙	if you c	hecked "a" and "limited contr	of provisions apply.
	Limits on	Lobbying Expenditures		(a) Affiliated group	(b) To be completed for all
	(The term *expendit	ures" means amounts paid or incurred.)		totals	electing organizations
				N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36	6 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add	lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the a	amount from the following table -		1	
	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		ļ	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	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	IJ		
42	Grassroots nontaxable amount (enter 25	% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38	44		
	Caution: If there is an amount on eit	her line 43 or line 44, you must file Form 4720.		1	

(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	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))		2		\$ - TO A STEEL ST.	0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e)).			-		0.
50 Grassroots lobbying expenditures					0.

Part VI-B	Lobbying /	Activity by I	Nonelecting I	Public	Charities
-----------	------------	---------------	---------------	--------	-----------

(For reporting only by organ	izations that did not complete Part VI-A) (See page 13 of the instruction:	ŝ.

N/A

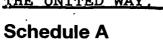
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

, ,	•	• .				
If "Ves" to any of the above	also attach a stat	ement aivi	ing a detailed i	description of	the lobbying a	ctivities

Yes	No	Amount
		- 1
		+
	<u> </u>	
	<u> </u>	·
		0.

Schedule	A (Form 990 or 990-EZ) 2006	THE UNITED WAY	,_INC.		81-03 <u>04</u> 856 Page	e 7
Part \	VII Information Reg	parding Transfers To an	d Transactions and	Relationships With No	ncharitable	
		ations (See page 13 of the inst		<del></del>		
		rectly or indirectly engage in any o				
		ection 501(c)(3) organizations) or anization to a noncharitable exemp		litical organizations?	Von N	
	ansiers nom me reporting orga i) Cash	anization to a noncharitable exemp	ot organization of:			_
•	i) Other assets					_
•	ther transactions:		•		<del>-\"/   -   -\</del>	<u>.                                    </u>
	•	ts with a noncharitable exempt orga	anization		b(i)   X	
		noncharitable exempt organization				
(ii	i) Rental of facilities, equipmen	nt, or other assets			b(iii) X	<u>.                                    </u>
(iv	<ul> <li>Reimbursement arrangemen</li> </ul>	nts .				
•	Loans or loan guarantees		•			
		membership or fundraising solicita				
		mailing lists, other assets, or paid				_
	-	given by the reporting organization	· ·	-	i tne	
		ent, show in column (d) the value of	=	=	NY / A	
(a)	(b)	(c)	or the goods, early assets, o			_
Line no.	Amount involved	Name of noncharitable ex	xempt organization			S
					<del></del>	_
_						_
		<del></del>			· · · · · · · · · · · · · · · · · · ·	_
		<del></del>	<del></del>		<del></del>	
		<del></del>				
						_
						_
-		<del>" "                                  </del>				_
						_
			one or more tax-exempt org	anizations described in section 501		
	ode (other than section 501(c)(	• ••	•		Yes X N	0
<u>D''</u> _	Yes," complete the following so (a)		(b)		······································	_
	Name of orga	anization	Type of organization	Description of	relationship	
	= -	· · · · · · · · · · · · · · · · · · ·				_
	<del> </del>		+			
<del></del>	<del></del>	<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
		<del></del>	<del> </del>		Yes No    Sta(i)	
						_
						_
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			<del> </del>			_
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<del></del> .	<del></del>		<del> </del>		<del></del>	
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			i			



# **Identification of Excess Contributions** Included on Part IV-A, Line 26b

2006

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	185,743.	112,019
<del>-</del>	148,041.	74,317
		,- <u>-</u>
		<del></del>
······································		
· ·····		
		<del></del>
otal Excess Contributions to Schedule A, Line 26b		186,336

et					Description	of property		
per	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
_#		<u> </u>	<u> </u>					·
	<b></b> _	<u> </u>	<del></del>			· · · · · · · · · · · · · · · · · · ·		
			·					
							<u></u>	
	<b>a</b>	т		1	<u>.</u>			
	<del></del>	<u> </u>	l				<u> </u>	<del></del>
	·	<del>,</del>	<u>`                                    </u>	· -				, F 7 - , - , - , - , - , - , - , - , - , -
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		<u>.]</u>	<u> </u>		<u> </u>			<u>. · </u>
		Т	<u> </u>	П				
			1		THE CONTRACTOR	1.04 1.04		1 (3)
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STAFF

EXPENSE

OTHER PROGRAMS

ORM 990	PAYMENTS T	O AFFILIATES		STATEMENT	1
\FFILIATE'S NAME		AFFILIATE	'S ADDRESS		
INITED WAY OF AMERICA		UNITED WA	Y OF AMERICA		
PURPOSE OF PAYMENT				AMOUNT	
JNITED WAY OF AMERICA D	UES			8,5	55.
TOTAL TO FORM 990, PART	I, LINE 16			8,5	55.
ORM 990 OTHER C	HANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	2
DESCRIPTION				AMOUNT	
JNREALIZED LOSS ON INVE	STMENT- SECURIT	TIES ADJUSTED	TO FAIR	6	32.
TOTAL TO FORM 990, PART	I, LINE 20			6	32.
FORM 990	OTHER	REXPENSES		STATEMENT	3
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
BAD DEBT EXPENSE CONTRACT SERVICES INSURANCE AND	0. 13,300.	7,929.	1,043.	4,3	28.
LIABILITY SUBSCRIPTIONS	10,583. 1,041.	10,193. 331.	280. 546.		10. 6 <b>4</b> .
MISCELLANEOUS AWARDS CAMPAIGN	14,475. 1,740.	5,274. 996.	495.	8,7	
COORDINATION COMMUNICATIONS CONOR AND VOLUNTEER DEVELOPMENT	18,721. 9,326. 0.	218. 5,59 <b>4</b> .	350.	18,50 3,30	
CONFERENCES - BOARD &	222		222		

202,489.

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202,489.

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MEMBERSHIPS       1,915.       160.         PUBLIC RELATIONS       4,349.       1,325.       1,275.         COTAL TO FM 990, LN 43       278,161.       234,509.       4,211.	1,75	
TOTAL TO FM 990, LN 43 278,161. 234,509. 4,211.	1,74	
	39,44	11.
FORM 990 CASH GRANTS AND ALLOCATIONS STATES TO OTHERS	/ENT	4
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS AI	MOUNT	
NITED WAY AGENCIES /ARIOUS	672,29	90.
COTAL INCLUDED ON FORM 990, PART II, LINE 22B	672,29	90.
FORM 990 OTHER INVESTMENTS STATE	MENT	5
VALUATION	MOUNT	
DESCRIPTION METHOD A		
DESCRIPTION METHOD AND METHOD AND MARKET VALUE		0.
INVESTMENT IN LIMITED PARTNERSHIP MARKET VALUE	MENT	0.
INVESTMENT IN LIMITED PARTNERSHIP  FORM 990 PART IV, LINE 56, COLUMN B  FORM 990 OTHER ASSETS  STATE	MENT OUNT	0.
INVESTMENT IN LIMITED PARTNERSHIP  FORM 990, PART IV, LINE 56, COLUMN B  FORM 990  OTHER ASSETS  STATE		0. 0. 6

ORM 990 OTHER LIABILITIES	STATEMENT 7			
ESCRIPTION	AMOUNT 13,294 15,423			
OMPENSATED ABSENCES PAYABLE DEPOSITS HELD				
'OTAL TO FORM 990, PART IV, LINE 65, COLUMN B	28,717.			

# 2006 United Way Board

All should have P.O. Box 7217 - Kalispell, MT 59904

**Dorothea Armstrong** Karena Beamis **Keith Brown** Susie Burch Teri Cottle Warren Dobler Angela Dose **Greg Ellingson Gary Evans** Jack Kovacich Marilyn LaSorte **Curtis Lund** Barbara Mansfield **Leslie Mercord** Susan Moyer Jim Oliverson Paula Robinson Darlene Schottle Jan Sipprell **Justin Sliter Steve Stahlberg** Rick Sullivan Tyler Weber Allen Whitehead

Attachment 81-0304866

THE UNITED WAY, INC.

81-0304856

FORM 990 12/31/2006

### PART II LINE 22 SCHEDULE OF ALLOCATIONS TO AGENCIES

### ALL ALLOCATIONS WERE MADE TO LOCAL AGENCIES

	United Way Allocated	Donor Designated	Total Allocated
Member Agencies	- / illocated	Designated	711000100
American Red Cross	31,033	1,949	32,982
Big Brothers Big Sisters	29,674	4,384	34,058
Boy Scouts	6,154	1,964	8,118
Boys & Girls Club	19,452	1,201	20,653
Canyon Quick Response Unit	-	-,201	20,000
CASA for Kids	2,373	3,067	5,440
Disaster Care Unit	2,010	-	-
Eagle Transit	23,829	493	24,322
Flathead CARE	24,899	1,216	26,115
Flathead Food Bank	41,038	7,397	48,435
Flathead Youth Center	25,126	883	26,009
Girl Scouts	4,276	730	5,006
Head Start	23,150	1,215	24,365
Help Net	42,929	-	42,929
Hospice Bereavement	,		-,
Lamplighter Volunteer Program	7,084	-	7,084
Literacy Volunteers	25,034	1,152	26,186
Mental Health Crisis Line	17,278	458	17,736
Nurturing Center	23,441	1,386	24,827
RSVP	13,094	1,046	14,140
Salvation Army	2,836	· <u>-</u>	2,836
Samaritan House	18,029	3,516	21,545
Sinopah House	20,794	402	21,196
Special Friends Advocacy	24,545	579	25,124
Summit Independent Living Center	13,919	144	14,063
Teens After Hours	4,340	-	4,340
Viloence Free Crisis Line	34,479	4,241	38,720
Boys & Girls Club	•	,	-
Youth Leadership Program	3,776		3,776
School Supplies Program	,		· •
Allocations for general agencies		-	-
subtotal	482,582	37,423	520,005
Non-Member Agencies	38,083	106,720	144,803
Agencies in Lake, Lincoln and Sanders Counties	<u> </u>	7,478	7,478
Total Allocations to Agencies	520,665	151,621	672,286

# SSET DEPRECIATION SHORT REPORT INITED WAY Dec. 31, 2006

Sorted: ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range: 1801 - 1900 include All assets

**Includes Section 179** ate Acq Description Beg A/Depr Curr Depr Meth/Life Cost Section 179 Depr Basis End A/Depr SSET A/C#: 1801 - CAMPAIGN EQUIPMENT 2/01/95 Mardi Gras Supplies SL/ 5 00 800 84 0.00 800 84 800 84 0.00 800 84 3/30/97 **UW Programs Sign** SL/ 5 00 63 50 0.00 63.50 63.50 0.00 63 50 3/30/97 Campaign Banner SL/ 5.00 135 00 0.00 135 00 135 00 0.00 135 00 3/30/97 Pacesetter Sign SL/ 5 00 15 00 0.00 0.00 15 00 15 00 15 00 3/30/97 39 Signs - Pacesetter SL/ 5.00 877 50 0.00 0.00 877.50 877 50 877 50 1/30/97 Two-sided Goal Sign SL/ 5 00 430 00 0.00 430 00 0.00 430 OD 430 00 3/31/98 Custom Pennants x 8 SL/ 5 00 214.64 0.00 214.64 214 64 0 00 214 64 2/15/99 Bumbershoot Brigade Sign SL/ 5 00 187 00 0 00 0.00 187.00 187 00 187 00 3/31/99 Campaign Banner SL/ 5 00 180 00 0.00 0 00 180 00 180.00 180 00 3/31/99 Campaign Banner SL/ 5.00 180 00 0 00 180 00 0.00 180.00 180.00 rand totals. 1801 - CAMPAIGN EQUIPMENT (10 assets) 3,083 48 0 00 3,083 48 3,083 48 0.00 3,083.48 SSET A/C#: 1850 - EQUIP, SOFTWARE & FURN Shelves SL/ 5.00 1/01/83 53 92 0.00 53 92 53 92 0.00 53 92 3/01/83 File Cabinet SL/ 5 00 49 88 0.00 49 88 49.88 0.00 49 88 2/01/83 File Cabinet SL/ 5 00 129.00 0.00 129 00 129 00 0.00 129.00 2/31/92 Fire File SL/ 5.00 1.216 95 0 00 1,216.95 1,216.95 0.00 1,216 95 9/26/95 Glass Table w/Chairs SL/ 5.00 250.00 0 00 250.00 250 00 0.00 250.00 3 Ltr Files w/Locks 3/30/95 SL/ 5 00 404 78 0 00 404 78 404 78 0.00 404.78 9/30/95 Wainut Folding Table SL/ 5 00 49 99 0.00 49.99 49 99 0.00 49 99 Okidata 320 Printer 9/30/95 D SL/ 5 00 360 00 0 00 360 00 360 00 0.00 360 00 3/15/95 Oak Wall Cabinet St/ 5 00 300.00 0.00 300.00 300 00 0.00 300 00 110 97 0/15/95 3 Conference Tables SL/ 5.00 110 97 0.00 110.97 0 00 110 97 Hole Punch 0/15/95 SL/ 5 00 62 00 0 00 62.00 62.00 0 00 62.00 36 Conference Chairs SL/ 5 00 1,231 20 0/15/95 1.231.20 0.00 1,231 20 0.00 1.231 20 77 35 Chairmover for Chairs SL/ 5 00 77 35 77 35 77.35 0/15/95 0.00 0 00 4 File Cabinets SL/ 5 00 80 00 0.00 80.00 80 00 80 00 2/01/95 0.00 2 File Cabinets 70 00 70 00 2/01/95 SL/ 5.00 70.00 0.00 0.00 70 00 Hand Truck for Paper 29 99 29 99 SL/ 5 00 29.99 0.00 0.00 29 99 2/01/95 125 00 125 00 **Podium** SL/ 5 00 125.00 0.00 0.00 125 00 2/31/95 Okidata 9 Pin Printer SL/ 5.00 360 00 360 00 360.00 360 00 0.00 0.00 2/31/95 600 00 Flectrical Sign SL/15 00 600 00 0.00 399 96 40.00 439 96 2/31/95 SL/ 5 00 641 43 Paper Shredder 641.43 0 00 641 43 641 43 1/15/97 0.00 Overhead Projector SL/ 5.00 136.08 136 08 136 08 0.00 0.00 136 08 8/15/97 SL/ 5 00 3,662 00 3,662 00 Telephone System 3.662.00 0.00 0.00 3.662.00 1/15/97 1/15/97 Hepa Air Filter SL/ 5.00 184 25 0.00 184 25 184 25 0.00 184 25 CD ROM Drive SL/ 5 00 99 00 99.00 99 00 1/31/98 0.00 0 00 99 00 Telephone Stand SL/ 5.00 23 96 23 96 23 96 0.00 0 00 23 96 3/31/98 Telephone Stand SL/ 5 00 23.96 0.00 23.96 23 96 0.00 23.96 3/31/98 Telephone Stand SL/ 5 00 23 96 0 00 23 96 23.96 0.00 23 96 3/31/98 Line Labeler Software SL/ 5.00 69 99 0.00 69 99 69.99 0.00 69 99 3/31/98 4/30/98 D Compag 2000, Mntr. Card SL/ 5 00 1.249.00 0.00 1.249 00 1.249.00 0.00 1,249,00 SL/ 5 00 837 49 837 49 837 49 5/05/98 Chrome Table Frames, Tents 0.00 0.00 837 49 SL/ 5,00 554 00 554.00 554.00 5/31/98 Network Conversion/Inacom 0.00 0.00 554 00 SL/ 5 00 89 99 0.00 89 99 89 99 5/15/98 Scanner 0.00 89 99 SL/ 5.00 79 98 79 98 Aluminum Easels (2) 0.00 79 98 3/15/98 0.00 79 98 New Cmptr Installation Support SL/ 5 00 417 48 0 00 417 48 417 48 3/15/98 0.00 417 48 SL/ 5 00 417 48 New Cmptr Installation Support 417 48 0.00 417 48 3/15/98 0 00 417 48 New Cmptr Installation Support SL/ 5 00 417 49 417.49 417 49 3/15/98 0.00 0.00 417 49 SL/ 5 00 114 08 Helium Cylinder Cart 114 08 114 08 0.00 3/30/98 0 00 114 08 Access 97 Software SL/ 5 00 105 00 105 00 0.00 105 00 7/31/98 0.00 105 00 Wheel of Fortune SL/ 5 00 150 00 0.00 150 00 150 00 3/31/98 0 00 150 00 SL/ 5 00 Cougar Mtn/Windows Upgrade 261 50 0.00 261 50 261 50 3/31/98 0 00 261 50 Crystal Report Writer SL/ 5 00 395 00 395 00 0.00 395 00 3/31/98 0 00 395 00 VofY Perpetual Plaque SL/ 5 00 140 50 0.00 140 50 140 50 3/31/98 0 00 140 50 SL/ 5 00 ValleyWide Per Plaque 140 50 0.00 140 50 140 50 3/31/98 0 00 140 50 SL/ 5 00 119 95 119 95 119 95 2/22/99 Sherry/Memory 64 mg 0.00 0 00 119 95

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# SSET DEPRECIATION SHORT REPORT VITED WAY Dec. 31, 2006

Sorted ASSET A/C#
Method: 1-FEDERAL-Std Conv Applied

Range: 1801 - 1900 Include All assets

- Includes Section 179 -

te Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
	1850 - EQUIP, SOFTWARE & FURN	Menartie		Section 178	Depr Dasis	Deg A Dep.	- Ош. Гори	Elia rebepi
15/99	Hrd drive upgrade - Vol Office	SL/ 5 00	229 95	0 00	229 95	229 95	0 00	229 95
15/99	Colo Bckp w/tape	SL/ 5 00	280 00	0 00	280 00	280.00	0 00	280 00
15/99	Turbo Chip/Volunteer Office	SL/ 5 00	99 00	0.00	99.00	99 00	0 00	99 00
15/99 D	Colo Bckp 5 gig tape drive	SL/ 5.00	220 58	0.00	220 58	220 58	0 00	220 58
15/99	Internal Modern V90	SL/ 5 00	140 00	0 00	140.00	140 00	0 00	140 00
15/99	Colo Bckp Cartndges (5)	SL/ 5.00	133 00	0.00	133 00	133 00	0.00	133 00
15/99	64 mg memory - Cmpq Dsktop	SL/ 5 00	172.94	0 00	172.94	172 94	0 00	172 94
15/99	CD ROM	SL/ 5.00	79 00	0 00	79 00	79.00	0.00	79 00
15/99	4600 Medalist Slide Projector	SL/ 5.00	399 95	0.00	399 95	399.95	0.00	399 95
31/99	Binding Machine	SL/ 5 00	299 99	0.00	299 99	299 99	0 00	299.99
15/99	Cougar Mtn/Dos 14	SL/ 5.00	162 00	0.00	162.00	162 00	0 00	162.00
31/99	Compaq System	SL/ 5.00	2,397.80	0.00	2,397 80	2,397 80	0.00	2,397.80
31/00	Pull Tractor for Okidate 320	SL/ 5.00	70 00	0.00	70 00	70 00	0.00	70 00
15/00	Okidate 320 Printer	SL/ 5 00	385 00	0.00	385 00	385 00	0 00	385 00
30/00	PC Anywhere Software	SL/ 5 00	219.00	0.00	219 00	219 00	0 00	219 00
	•	SL/ 5 00	229 00	0.00	229 00	229.00	0 00	229.00
30/00	Linksys E-Fast Software		2,799 00	0.00	2,799 00	2,799 00	0 00	2,799 00
15/00	CPQ Prosignia 740 P550 Server	SL/ 5.00	324 95	0.00	324.95	324 95	0 00	324 9
02/00	DLINK DP-300 4 Port Switch	SL/ 5 00	228 00	0.00	228 00	228.00	0 00	228.00
02/00	2 File Drawers	SL/ 5.00	33,29	0.00	33.29	33 29	0.00	33 29
09/00	Bookcase Tower	SL/ 5.00		0.00	139 99	139.99	0.00	139.99
09/00	Refrigerator	SL/ 5 00	139.99	0.00	472 60	472 60	0 00	472 60
15/00	Wireless Lapel Microphone	SU 5 00	472.60	0.00	139 00	139 00	0.00	139.00
15/00	Stop & High Speed Caution Signs	SL/ 5.00	139 00	0 00	250 00	250 00	0.00	250.0
21/00 D	Vacuum Cleaner	SL/ 5 00	250 00	0 00	497.97	497.97	0.00	497.9
15/00 D	2 Air Conditioners	SL/ 5.00	497 97	0.00	1,024 00	1,024 00	0 00	1,024 0
15/00	8 Chairs & 8 Tables	SL/ 5.00	1,024 00		228.00	228 00	0 00	228.0
15/00	2 Hon 4-Drawer Files	SL/ 5.00	228 00	0.00	47 88	47 88	0.00	47 8
28/00	Shopko Shelves	SL/ 5.00	47 88	0.00			0.00	1,500.0
28/00	Counter & Credenza for Office	SL/ 5.00	1,500 00	0 00	1,500.00	1,500.00	0.00	200.0
10/00	Queen Anne Sofa	SL/ 5.00	200.00	0 00	200 00	200 00		1,000 0
31/00	Computer Software	SL/ 5 00	1,000.00	0.00	1,000 00	1,000.00	0 00	•
15/01	Fiscal Office Counters	SL/ 5.00	1,584 00	0.00	1,564 00	1,407.60	156 40	1,564 0 893.0
15/01	Water Softener	SL/ 5.00	893 00	0.00	893.00	803.70	89 30	
28/02	Donation Tracker Software	SL/ 5.00	4,750.00	0.00	4,750 00	3,325.00	950 00	4,275 0
30/02	Compaq EVO D500 w/monitor	SL/ 5 00	1,373 00	0.00	1,373.00	1,084.67	192.22	1,276.8
22/02	Compaq Computer	SL/ 5.00	998.00	0 00	998 00	698 60	199 60	898 2
15/03	LaserJet 4200 Printer	SL/ 5.00	1,099 99	0 00	1,099 99	550 00	220 00	770.0
15/03	2 Compaqs w/1 monitor	SL/ 5 00	1,878.63	0 00	1,878 63	939 32	375 73	1,315 0
08/05	Canon Copier IR330S	SL/ 5 00	1,750.00	0 00	1,750 00	175.00	350 00	525 0
28/05	Canon Copier IR550	SL/ 5 00	5,500 00	0.00	5,500 00	550 00	1,100 00	1,650 0
26/06 A	IBM Server	SL/ 5 00	1,182 63	0.00	1,182.63	0 00	118 26	118 2
ind totals	1850 - EQUIP, SOFTWARE & FURN (85	assets)	51,306 22	0 00	51,308 22	39,650 82	3,791 51	43,442 3
ss: 5 Disposed assets (Current Depreciation \$0.00)		2,577 55	0.00	2,577 55	2,577.55		2,577 5	
totals. 18	50 - EQUIP, SOFTWARE & FURN (80 ass	ets)	48,728 67	0 00	48,728 67	37,073 27	3,791.51	40,864 70
SET A/C#	: 1900 - BUILDING	<del></del>	· · · · · · · · · · · · · · · · · · ·			(, , - , - , - , - , - , - , - , - ,		· · ·
15/99	Appleway Building (in svc 8/1/00)	SL/40 00	70,000 00	0 00	70,000 00	9,479 15	1,750 00	11,229.1
01/00	Remodel - Building	SL/40 00	42,992 00	0.00	42,992 00	5,642 70	1,074 80	6,717.50
01/00	Fixtures	SL/40 00	3,250 00	0 00	3,250.00	428 56	81.25	507 B
01/00	Carpet	SL/ 7 00	6,964 00	0 00	6,964 00	5,223 01	994 86	6,217 8
01/00	Remodel - Building (pd 2001)	SL/40 00	4,541.14	0 00	4,541.14	596 03	113 53	709 5
1/00	Building Telephone System (pd'01)	SL/40 00	3,306 06	0 00	3,306 06	433 92	82 65	516 5
1/00	Remodel - Building	SL/40 00	13,864 69	0 00	13,664 69	1,708 09	341 62	2,049 7
	Back Porch Roof Repair	SL/40.00	1,857 00	0 00	1,857 00	220 53	46 43	266 96
30/01		SL/40 00	886 20	0 00	886 20	97 87	22 18	120 03
15/01	Roof Repair		5,500 00	0 00	5,500 00	550 00	137 50	687 50
31/01	Building Rail	SL/40 00	3,300 00	0 00	3,300 00	330 00	137 30	007 3

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# SSET DEPRECIATION SHORT REPORT WITED WAY Dec. 31, 2006

Total Additional First Year Depreciation Taken:

Sorted: ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 1801 - 1900 Include All assets

							iciudes Section 17	9	
ate Acq Description		Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr	
rand totals. 1900 - BUILDING (10 assets)			152,961 09	0 00	152,961.09	24,377 86	4,644.80	29,022 66	
Grand totals for all accounts: (105 assets)			207,350 79	0.00	207,350 79	67,112 16	8,436.31	75,548 47	
Less: 5 Disposed assets (Current	2,577 55	0 00	2,577 55	2,577.55		2,577.55			
Net totals for all accounts: (100 assets)			204,773 24	0 00	204,773 24	64,534 61	8,438 31	72,970 92	
odes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied									
Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val	
Grand Totals for All Assets	207,350.79	0 00	0.00	207,350.79	67,112.16	8,436 31	75,548.47	131,802 32	
Less: Inactive Assets	0 00	0 00	0 00	0 00	0.00	0 00	0.00	0 00	
Disposed Assets	2,577.55	0 00	0 00	2,577 55	2,577 55	0.00	2,577.55	0.00	
Traded Assets _	0 00	0 00	0.00	0 00	0 00	0.00	0.00	0.00	
Net Totals (Active Assets)	204,773 24	0 00	0 00	204,773 24	64,534.61	8,436 31	72,970 92	131,802 32	
Total Additional First Year i	Depreciation Take	en at 30% Rate:	0 00						
Total Additional First Year Depreciation Taken at 50% Rate:			0 00						

0 00