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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

10753 Pg 7 OMB No. 1545-0047

A	For the 20	09 calendar y	ear, or tax year beginning , and ending			
В	Check if appli				D Emplo	yer identification number
	Address chan	ge label o	T UNITED WAYS OF WASHINGTON			
$\overline{\Box}$	Name change		David Brown As		91-	-1055031
\vdash	_	type.		n/suite	E Teleph	none number
\vdash	Initial return	See Specifi	PO BOX 124		509	9-838-6581
	Termination	Instruc	0.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1		G Gross rece	epts \$ 223,692
	Amended retu	ım tions.	SPOKANE WA 99210-0124			
	Application pe	ending F Nan	ne and address of principal officer:		H(a) Is this	a group return for
		PI	CTER THEISEN		affiliate	
		1	511 CORNWELL AVE	ŀ	H(b) Are all include	
			CLLINGHAM WA 98225		If "No,	attach a list. (see instructions)
1	Tax-exemp	ot status:	1 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
<u>J</u>	Website:				H(c) Group	exemption number
		nization: X C		formation 1	978	M State of legal domicile WA
	'a) To	Summa	ry			
	1 Brid	efly describe	the organization's mission or most significant activities:			
0] 7	io yzziz	T. & BENEFIT UNITED WAY MEMBER ORGANIZATIONS ON MAT	TERS OF	REGIO	NAL
anc	{		IDE SIGNIFICANCE & TO HELP THEM TO ACCOMPLISH THEI	Ŗ MISSI	ON OF	
(Activitias & Governance	. I		PEOPLE CARE FOR ONE ANOTHER IN THEIR COMMUNITIES			
Š	2 Ch	eck this box I	If the organization discontinued its operations or disposed of more than 25% of its	s net assets		
98	_ 3 Nu	mber of votin	g members of the governing body (Part VI, line 1a)		. 3	
<u> </u>	4 Nu	mber of indep	pendent voting members of the governing body (Part VI, line 1b)		. 4	
Ž. Ž	5 Tot	al number of	employees (Part V, line 2a)		5	0
O	6 Tot	al number of	volunteers (estimate if necessary)		6	
	I /a lo	al gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
d d	b Net	tunrelated bu	siness taxable income from Form 990-T, line 34		7b	0
<u>v.</u>				Prior Year		Current Year
AREVOIDED	8 Co		d grants (Part VIII, line 1h)	115	405	201,684
9	9 Pro		revenue (Part VIII, line 2g)	1 /	110	C 000
É	10 Inv	,	me (Part VIII, column (A), lines 3, 4, and 7d)		446	6,882
8	11 Otr		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		424	15,126
₩.			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4 2	427	223,692
			ar amounts paid (Part IX, column (A), lines 1–3)		-	
	1	•	or for members (Part IX, column (A), line 4)			
308	15 Sai		ompensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	16a Pro		draising fees (Part IX, column (A), line 11e)		es promote	enter est enteres suga
ă	<u> 10101</u>		expenses (Part IX, column (D), line 25)	100	E 0.7	210 657
_	I W Ou		(54+X)column (A), lines 11a-11d, 11f-24f)		507	210,657
			penses. Subtract line 18 from line 12		,080	210,657 13,035
> 2	197 Ke	AUG 1 (Inning of Curr		13,035 End of Year
ets (20 Tot		rt X, line 100		,914	216,259
Assets or	71 10		art X Jupe 267		, 986	15,296
Net /	22 Net	assets or full	d balances: Subtract line 21 from line 20		,928	200,963
	alfu.		re Block		7 1	
			ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to	o the best of	f my knowledge
			is true, correct, and complete. Declaration of preparer (other than officer) is based on all information			
Sig	an	Nv	NL/(-		1 8	3/10/2010
He	-	Signati	re of officer		Date	
		/-	lan Walker Tres			
		Type o	print name and title			
		Preparer's	Date	Check if	······	Preparer's identifying number
Pa		signature	Justine Fl- (PA 08/10/1	0 self- employe	d ► X	(see instructions) P00082087
	eparer's		SUSANNE ALTMAN, CPA PLLC	-1	EIN ▶	65-1265283
Us	e Only	Firm's name if self-emplo	COLUMN TO CHER ALL COMP. 207		Phone	
		address, an				509-667-1754
May	the IRS d	iscuss this re	turn with the preparer shown above? (see instructions)		,	Yes No
For	Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA	٠ -	-	•			16

	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
T	TO 'ASSIST & BENEFIT UNITED WAY MEMBER ORGANIZATIONS ON MATTERS OF RI	EGIONAL
&	& STATEWIDE SIGNIFICANCE & TO HELP THEM TO ACCOMPLISH THEIR MISSION	OF .
	HELPING PEOPLE CARE FOR ONE ANOTHER IN THEIR COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2		Yes X No
	the prior Form 990 or 990-EZ?	res A NO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
40	a (Code:)(Expenses \$ 54,100 including grants of \$) (Revenue \$	1
1	TO HELP ESTABLISH A 211 SYSTEM IN THE STATE OF WASHINGTION	
		• • • •
	b (Code:) (Expenses \$70,720 including grants of \$) (Revenue \$)
S	STRENGTHENING FAMILIES PROJECT: EARLY CARE & EDUCATION TO)
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S H E	STRENGTHENING FAMILIES PROJECT: EARLY CARE & EDUCATION TO HELP REDUCE CHILD ABUSE & NEGLECT THROUGH LOBBYING AND EDUCATION.	
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SHE	STRENGTHENING FAMILIES PROJECT: EARLY CARE & EDUCATION TO HELP REDUCE CHILD ABUSE & NEGLECT THROUGH LOBBYING AND EDUCATION. c (Code:)(Expenses \$ 27,139 including grants of \$) (Revenue \$ OTHER PROGRAM EXPENSES EXPENSES FOR MANAGEMENT OF OFFICE & INVESTMETNS. d Other program services. (Describe in Schedule O.) (Expenses \$ 3,116 including grants of \$) (Revenue \$)	
SHE	STRENGTHENING FAMILIES PROJECT: EARLY CARE & EDUCATION TO HELP REDUCE CHILD ABUSE & NEGLECT THROUGH LOBBYING AND EDUCATION. c (Code:)(Expenses \$ 27,139 including grants of \$) (Revenue \$ OTHER PROGRAM EXPENSES— EXPENSES FOR MANAGEMENT OF OFFICE & INVESTMETNS.	

Form 990 (2009) UNITED WAYS OF WASHINGTON
Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	├	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	١
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		١,,	
_	Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	l _		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	 	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ŀ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			,,
_	complete Schedule D, Part I	6_	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		١
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			۱
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			4
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			3
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		1	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			4
42	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	, a	7.	9
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	V	in the Second
42A	Schedule D, Parts XI, XII, and XIII	12		
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	40	1.58	V
13 14a		13		X
_	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
b	· · · · · · · · · · · · · · · · · · ·	445		v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	_14b		<u>X</u>
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4.5		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.0		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	-	<u>X</u>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	40		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X
	be the digenization operate one of more hospitals: If Tes, Complete distribute IT	40		- 1

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Form 990 (2009) UNITED WAYS OF WASHINGTON

Checklist of Required Schedules (continued)

	de la Checkist di Required Schedules (Continued)			
04	Did the association report were then 05 000 of greats and other positions to associate and associate		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ا م		l v
00	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├─-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			l $_{f v}$
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	├	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			_v
24-	employees? If "Yes," complete Schedule J	23		X
24a	. 5,			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			l ,
	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a	├	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	0		1	
	to defease any tax-exempt bonds?	24c	-	⊢
d		24d	-	├—
25a	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		İ	١
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	• • • • • • • • • • • • • • • • • • •			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	. 26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ľ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			į
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u></u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X
			. 990	

PE	Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l 1				
	U.S. Information Returns. Enter -0- if not applicable	1a				;
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				
	gaming (gambling) winnings to prize winners?	, ,		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					,
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	У				3.7
	this return?			<u>3a</u>	ł	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-		l	}	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal		1.	1	
	account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	ıĸ				
. .	and Financial Accounts.			5 0		V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. <u>5a</u>	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	 	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardir Prohibited Tax Shelter Transaction?	ng				
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•	•	5c		\vdash
6a	organization solicit any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions of	Or	••	Ua Ua	 	<u> </u>
	gifts were not tax deductible?	Oi.		6b		
7	Organizations that may receive deductible contributions under section 170(c).			. 05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				i.
_	and services provided to the payor?			7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onal			; (
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	•	7 f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		•	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			·		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			_ 8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter.	ایرا				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against				ا د دوند	
	amounts due or received from them.)	11b		40	100 m	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104			12a		
<u> b </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				A SECTION

Form 990 (2009) UNITED WAYS OF W

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

16 Enter the number of voting members of the governing body 2 Enter the number of voting members that are neloperated to be a simply relationship or a business relationship with any other officer, director, busines, or key employee have a family relationship or a business relationship with any other officer, director, busines, or key employees to a management company or other person? 3 X 3 Did the organization delegate control over management duties customany performed by or under the direct supervision of officers, directors or business, or key employees to a management company or other person? 3 X 5 Did the organization make any spinicant charges to a to organization company or other person? 4 X 5 Does the organization have members, stockholders? 5 Does the organization have members, stockholders? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders? 7 Does the organization have members, stockholders? 8 Did the members, stockholders? 9 Did the degrazization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization management organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization management organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization management organization have because organization and the promatication management organization in various management or promatical management or promatical management or promatical management organization in vario	Sec	tion A. Governing Body and Management		_			
b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee yeave a family relationship or a business relationship with any other officer, director, trustee, or key employee any other officer, directors, mustee, or key employee any other officer, directors, mustees, or key employees to a management company or other person? 3			. 1			Yes	No
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Does the organization have a written conflict of interest policy? If "No," go to line 13 by Are orificers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c) Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	112						
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ DALE DAMRON					122	X	
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describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13	_				1.25		
13	·				120	х	
Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Dithe officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Isb	13	*** *** * * * * * * * * * * * * * * * *					
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Own website Another's website							
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► DALE DAMRON PO BOX 124							
organization. ► DALE DAMRON PO BOX 124	20	·					
ullet							
	SE	· ·	-01	24	•		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Pos	ition i		C) k all t	hat ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PAM TOAL PAST PRES	1.00							0	0	C
LANCE STEPHENS MEMBER								0	0	C
RICK ALLEN MEMBER								0	0	C
BEVERLY WEBER MEMBER								0	0	C
BOB JOHNSON MEMBER								0	0	0
TINA WENTWORTH MEMBER								0	0	C
CATHY NIIRO								0	0	C
BOB PEDEN MEMBER								0	0	C
DAVE FOOTE								0	0	C
DEBBIE CAMPBELL MEMBER								0	0	C
DEBBIE SHERMAN MEMBER								0	0	C
BONNIE GILMORE								0	0.	0
PAUL CHAPLIK MEMBER								0	0	0
LIZ MCDEVITT MEMBER								0	. 0	0
MARK LEVY MEMBER								0	0	0
JACQUIE TAMURA MEMBER								0	0	0
LYNSI POLANCO MEMBER							1	0	0	0

PareVII Section A. Officers	, Directors, Trus	stees	, Ke	y En	nplo	yees	, ar	nd Highest Compensated E	mployees (continued)	i age
(A) Name and Title	(B) Average	Pos	sition		C) k all	that a	ppły)		(E) Reportable	(F) Estimated
•	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JONATHAN FINE								0	0	
CARYL JOHNSTON								0	0	
JEANNIE GRUBER MEMBER								0	0	
CARL ZAPORA								0	0	
PETER THEISEN	1.00			Х				0	0	
TIM HENKEL VICE PRES	1.00			Х				0	0	
JODY MOSS SECRETARY	1.00			Х				0	0	
ALAN WALKER Freasurer	1.00			Х				0	0	
· · · · · · · · · · · · · · · · · · ·										
1b Total						•.	>			
2 Total number of individuals (increportable compensation from t	_		to th	ose I	isted	l abo	ve)	who received more than \$10	00,000 in	
 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization listed on line 1a services rendered to the organi Section B. Independent Contractor 	complete Schedu 1a, is the sum of ganizations great receive or accru zation? If "Yes,"	le J frepo er tha le co	for si ortab an \$° mpe	uch in le co 150,0 nsati	ndivi impe 200? on fr	dual nsati If "Y om a	ion a 'es,"	and other compensation from complete Schedule J for su	n	Yes N
Complete this table for your five compensation from the organization.	highest comperation.	sate	d ind	leper	nden	t con	trac	ctors that received more than	1 \$100,000 of	1,00
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation

				 -						
								· · · · ·		
2 Total number of independent co more than \$100,000 in compens					ited	to the	ose	listed above) who received		0
AA		-							·-···	Form 990 (200

Pa	ırt V	III Stater	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និង	1a	Federated can	npaigns	1a						
gra	Þ	Membership d	ues	1b		67,363				
a, g	С	Fundraising ev	vents	1c		250				
뺡	d	Related organi	izations	1d						
S.E	е	Government grants	(contributions)	1e		118,000				
of F	f	All other contribution								
흕		and similar amounts	not included above	1f		16,071				
out	9		ns included in lines 1a-	1f \$	₿					
Program Service Revenue Contributions, gifts, grants and other similar amounts	h	Total. Add line	es 1a–1f	•		<u> </u>	201,684			
nue	_					Busn. Code				·
9	2a									
9 H	b									
Ž	C									
Š	d									
grar	9		 am service reven			-				
Pro	,	-	es 2a–2f							
_	3		ome (including d		_	1				
	•		mounts)				6,882	6,882		
	4		vestment of tax-				0,002	0,002	· · · · · · · · · · · · · · · · · · ·	
	5		Royalties			▶				
			(ı) Real			Personal				
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)								
	d	7a Gross amount from (i) Securities (ii)				▶				
	/a	sales of assets	(i) Secunties		(11)	Other				
		other than inventory	1							
	b	Less cost or other								
		basis & sales exps								
		Gain or (loss)	`		 					
	d	Net gain or (los		L	·	. ▶		***************************************		
9	ъа		m fundraising even	its						
Ven		(not including \$	eported on line 1c)			Ì				
R ₉		See Part IV, line	10	a						
Other Revenu	h	Less. direct ex		il.	· · · ·					
ō			(loss) from fundr	- L	vents	▶				
			m gaming activities			• • • •				
	•	See Part IV, line	- •	а						
	b	Less. direct ex		ь[
	c	Net income or	loss) from gamır	ng acti <u>v</u>	ities	•				
	10a	Gross sales of	inventory, less							
		returns and allo	owances .	a			i			
		Less. cost of go	•	b						
]	С		(loss) from sales	of inve	ntory .	. •				
ļ			ellaneous Revenue			Busn. Code				
	11a		D INVEST. GAI		-	 	46,163	46,163		
	b	REALIZED	INVEȘTMENT GA	AIN/LO	ss .	 	-31,037	-31,037		
	٦ 0	All other revenu	10							
- [Total. Add lines					15,126			
	9 12		s 11a-110 . See instruction	e			223,692	22,008	0	l
	14	I OLAI KUVUITUE	. See manucuon	<u>ə</u>			223,092	22,000	U	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not i	All other organizations must conclude amounts reported on lines 6b,	(A)		(C)	
	Bb, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	ts and other assistance to governments and		широпосо	general expenses	- ехрепоса
	nizations in the U.S. See Part IV, line 21				
-	nts and other assistance to individuals in				
	LC Coo Dort IV Irro 22				
					· · · · · · · · · · · · · · · · · · ·
	nts and other assistance to governments,				
	nizations, and individuals outside the			'	
0.5.	See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees				
-	pensation not included above, to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
	er salaries and wages				
	ion plan contributions (include section 401(k)				
	section 403(b) employer contributions)				
9 Othe	er employee benefits				
	roll taxes				
1 Fees	s for services (non-employees):				
a Mana	agement	72,133	54,100	18,033	
b Lega					
_	ounting	4,884	3,663	1,221	
d Lobb		10,983	8,237	2,746	
	ssional fundraising services See Part IV, line 17	1			
	stment management fees	953		953	
		83,310	62,483	20,827	
2 Adve	ertising and promotion	00/010	02/103	20/02/	
		533	400	133	· · · · · · · · · · · · · · · · · · ·
	mation technology		400	133	
	·· -				
	alties				
	ıpancy	22 202	16 705		
7 Trav	· · · · · · · · · · · · - ·	22,393	16,795	5,598	
	ments of travel or entertainment expenses		ĺ		
	ny federal, state, or local public officials	0.007	500		
	erences, conventions, and meetings	2,327	582	1,745	
0 Intere	· · · · · · · · · · · · · · · · · · ·				
	nents to affiliates				
-	eciation, depletion, and amortization				-
3 Insur	rance	1,745	1,309	436	
	ſ				
4 Othe	r expenses. Itemize expenses not		Í		
cove	red above. (Expenses grouped together				
	abeled miscellaneous may not exceed				
	of total expenses shown on line 25 below.)				
	RAINING	3,621	2,716	905	
	ELEPHONE	3,373	2,530	843	
	RINTING	991	743	248	
_	ISCELLANEOUS	954		954	
	OSTAGE.	884	663	221	
•	her expenses	1,573	854	719	
	•	210,657	155,075	55,582	
	functional expenses. Add lines 1 through 24f	210,03/	155,075	55,582	<u>-</u>
	costs. Check here ▶ if following 98-2. Complete this line only if the				
orgar	nization reported in column (B) joint costs				
from	a combined educational campaign and	1		ľ	
fundr	aising solicitation		<u> </u>		Form 990 (20

Part X ·Balance Sheet (A) (B) Beginning of year End of year 72,592 26,190 1 Cash—non-interest bearing 1 Savings and temporary cash investments 2 3 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 164,724 143,667 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 190,914 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 2,986 17 17 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 986 15,296 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 187,928 200,963 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 187,928 33 216,259 Total liabilities and net assets/fund balances

Form 990 (2009)

orm	990 (2009) UNITED WAYS OF WASHINGTON 91-1055031		Pa	ge 12
ľε	Financial Statements and Reporting		_	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	За		Х

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009 Operate Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			UNI	TED W.	AYS	OF.	WAS	<u> </u>	<u>1GTO</u>	<u>N</u>		_			<u> 191</u>	<u>-105</u>	<u> 5031</u>			
76	r(i t	Reas	on for P	Public Ch	narity	Statu	us (A	II org	ganiza	itions	must c	omplet	e this	part.) S	See in:	structi	ons.			
The c	rgar	nization is not	a private fo	oundation I	because	e it is: ((For lin	es 1 tl	hrough	11, che	eck only o	ne box.)								
1	\Box	A church, cor	nvention of	f churches,	or asso	ociatio	n of ch	urche	s descr	ibed in	section	170(b)(1)	(A)(i).							
2	П	A school des	cribed in s	ection 170)(b)(1)(<i>i</i>	A)(ii). ((Attach	Sche	dule E.)										
3	П	A hospital or					•			•	ion 170(b)(1)(A)(ii	i).							
4	Ħ	A medical res											-	(1)(A)(iii).	Enter t	he hosn	oital's name	a .		
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5	П	An organizati		 ed for the h	 enefit o	fa.coll	lene or	···	rsity ow	······································	 r onerater	 Ibyago		Ital unit d	escribe	dun .		••		• • • •
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6	X			_	-									41						
7	Δ	An organizati							s suppo	אנו ווטוו	ı a göven	imentai t	init or ire	om me ge	епегат р	UDNC				
_	\Box	described in				-		-												
8	닏	A community									•				_					
9	L	An organizati														-				
		receipts from				-														
		support from	-											from bus	inesses					
	_	acquired by t										_								
10	Щ	An organizati	_	•			•		•	•	*									
11		An organizati	_	•			•						-	•						
		purposes of o														ction				
		509(a)(3). Ch				ne type	e of sup	1				•	es 11e tl	hrough 11	lh					
	_	a Type			pe II		c _				ally integr		d		oe III–O	ther				
8		By checking t	•	•	•					•				•						
		persons othe	r than four	idation mai	nagers a	and ot	her tha	ın one	or more	e public	cly suppo	rted orga	nization	s describ	ed in se	ction				
		509(a)(1) or s	section 509	}(a)(2)																
f		If the organization	ation recei	ved a writte	en deter	rminati	on fror	m the I	IRS that	t it is a	Type I, T	ype II, or	Type III	supportin	ng					_
		organization,	check this	box																
g		Since August	17, 2006,	has the or	ganizatı	on acc	cepted	any g	ift or co	ntributi	on from a	ny of the								
		following per	sons?																	
		(i) A persor	who direc	ctly or indire	ectly co	ntrols,	either	alone	or toge	ther wi	th person	s describ	ed ın (ıi))			_		Yes	No
		and (III) b	elow, the	governing	body of	the su	upporte	ed orga	anizatio	n?			_				<u>. [1</u>	1g(i)		ļ .
		(ii) A family	member o	f a person	describ	ed in (i) abov	e?									1	1g(ii)		
		(iii) A 35% c	ontrolled e	ntity of a p	erson d	escnb	ed ın (ı) or (ii) above	?							1	1g(iii)		
h		Provide the f	ollowing in	formation a	about th	e supp	ported	organi	ization(s	s).			•				. –			
(1)	Name	of supported		(ii) EiN			(iii) Typ	e of or	ganızatıc	n	(iv) is the	organization	(v) Dx	you notify	(vi)	Is the	(vii) Am	ount of	
	org	anızatıon	i			1	•		lines 1-		1 ''	isted in your		janization in		ton in col		supp	ort	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

1055031 Page 2

	HON A. PODIIC SUDDON						
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,185	46,915	37,720	115,405	201,684	439,909
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	38,185	46,915	37,720	115,405	201,684	439,909
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						439,909
_	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	38,185	46,915	37,720	115,405	201,684	439,909
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,552	47,977	10,193	14,446		87,168
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	9,757	2,401	11,028	-87,424		-64,238 462,839
12	Gross receipts from related activities, etc. (see instructions)				12	22,008
13	First five years. If the Form 990 is for the o	•	cond. third. fourth.	or fifth tax vear as	 a section 501(c)(3)		
	organization, check this box and stop here	3	,,	···-· , ··		,	▶ [
Sec	tion C. Computation of Public Su	port Percentag	е		·		
14	Public support percentage for 2009 (line 6,	column (f) divided by	line 11, column (f))		14	95.05 %
15	Public support percentage from 2008 Scheo			• • • • • • • • • • • • • • • • • • • •	••••	15	90.04%
16a	33 1/3 % support test—2009. If the organiz			and line 14 is 33 1/	3 % or more, check	k this box	
	and stop here. The organization qualifies a				,		▶ X
b	33 1/3 % support test—2008. If the organiz	zation did not check a	a box on line 13 or	16a, and line 15 is	33 1/3 % or more,	check this	. –
	box and stop here. The organization qualifi	es as a publicly supp	orted organization		•		▶ [
17a	10%-facts-and-circumstances test—2009 more, and if the organization meets the "fac	. If the organization of	lid not check a box	on line 13, 16a, or			
	organization meets the "facts-and-circumsta	ances" test The orga	•		•		▶ _
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "fac	•					
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstation meets the "facts-and-circumstation meets"	ts-and-circumstance:	s" test, check this b	ox and stop here.	Explain in Part IV I		▶ [

91-1055031

Page 3

 වැ	Support Schedule for Or)		
<u></u>	(Complete only if you che	ecked the box	on line 9 of Pa	π ι.)			
	lendar year (or fiscal year beginning in)	(a) 200E	(h) 2006	(a) 2007	(4) 2009	(a) 2000	/O Total
Ca	iendar year (or fiscal year beginning iii)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				1		
	from other than disqualified persons that	-					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			ļ			
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	: L	! !	: 			
	tion B. Total Support	_	,		· , .		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the corganization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	• ·
Sec	tion C. Computation of Public Su		age		• • • • •		
15	Public support percentage for 2009 (line 8,			(f)		15	%
<u>16</u>	Public support percentage from 2008 Scheo					. 16	%
Sec	tion D. Computation of Investmen	it Income Perc	entage				
17	Investment income percentage for 2009 (lin	, ,	-	olumn (f))		17	%
18	Investment income percentage from 2008 S					18	%
19a	33 1/3 % support tests—2009. If the organ						. –
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	•			•		▶ _

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 UNITED WAYS OF WASHINGTON 91-1055031	Page 4
Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	
PART II, LINE 10 - OTHER INCOME DETAIL	
	• •
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UNREALIZED LOSS ON INVESTMENTS \$ -87,424	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Oper to Public inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any exces tax incurred by the organization under section 4955 Enter the amount of any exces tax incurred by the organization under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? I the organization incurred a section 4955 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities I total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Did the filing organization files organization for section 527 political organization to which payments were made. For each organization isted, enter the amount paid from the filing organizations to which payments were made. For each organization isted, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount pad from filing organization's funds. If none, enter -0- provided officerity contents from the filing organization in Part IV. (e) Amount pad from filing organization's funds. If none, enter -0- provided officerity contents from the filing organization in Part IV.	- I ' '	er Identification number
Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Form 4720 for this year? Complete if the organization is exempt under section 501(c), except section 501(c)(3). The first be amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function activities Total exempt function activities Total exempt function excivities Total exempt function extinction section 527 exempt funds. If no filing organization file Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount pad from filing organization's funds. If none, enter of political contributions received and promptly and directly delivered to a separate political organization in the filing organization in the filing organization in the filing organization in the filing org		
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Enter the amount of any excise tax incurred by the organization under section 4955 \$ \$		
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Was a correction made?	2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$
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activities	Complete if the organization is exempt under section 501(c), except section 501(c)(3)	·
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's founds. If none, enter -0- delivered to a separate political organization if	1 Enter the amount directly expended by the filing organization for section 527 exempt function	
527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- ontributions received and promptly and directly delivered to a separate political organization if		^ \$
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-promptly and directly delivered to a separate political organization if		
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Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- promptly and directly delivered to a separate political organization if		
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were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-promptly and directly delivered to a separate political organization if	• • • • • • • • • • • • • • • • • • • •	
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filling organization's funds. If none, enter -0-promptly and directly delivered to a separate political organization if		
fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- promptly and directly delivered to a separate political organization if	· · · · · · · · · · · · · · · · · · ·	•
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- to a separate political organization if		gated
filing organization's funds. If none, enter -0- funds. If none, enter -0- delivered to a separate political organization if		- del America de coltrado
funds. If none, enter -0- promptly and directly delivered to a separate political organization if		
political organization If	1	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 UN	VITED WAYS OF WASHINGTON	91-105503	Page
Part II-A Complete if the organ under section 501(h))	ization is exempt under section 501(c)(3) an	d filed Form 5768 (election	
A Check ► ☐ if the filing organiza	ation belongs to an affiliated group. ation checked box A and "limited control" pro-	visions apply.	
Limits on Lo (The term "expenditures	obbying Expenditures " means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)	2,746	
	legislative body (direct lobbying)	8,237	<u> </u>
c Total lobbying expenditures (add lines 1a		10,983	· · · ·
d Other exempt purpose expenditures		199,674	
Total exempt purpose expenditures (add)		210,657	
f Lobbying nontaxable amount. Enter the a	mount from the following table in both		
columns.	• •	42,131	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	7	
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.		
g Grassroots nontaxable amount (enter 25%	6 of line 1f)	10,533	
h Subtract line 1g from line 1a. If zero or les		0	
i Subtract line 1f from line 1c. If zero or less		0	
j If there is an amount other than zero on e	ther line 1h or line 1i, did the organization file Form 4720 r	eporting	
section 4911 tax for this year?			Yes No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a Lobbying non-taxable amount	13,596	24,794	37,901	42,131	118,422			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					177,633			
c Total lobbying expenditures	1,800	11,140	21,132	10,983	45,055			
d Grassroots nontaxable amount	3,399	6,199	9,472	10,533	29,603			
Grassroots ceiling amount (150% of line 2d, column (e))					44,405			
f Grassroots lobbying expenditures	3,399	6,199	9,472	2,746	21,816			

Schedule C (Form 990 or 990-EZ) 2009

91-1055031 Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) No **Amount** Yes During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information. SCHEDULE C, PART IV, ADDITIONAL INFORMATION LOBBYING EXPENES ARE GRASSROOTS AND LEGISLATIVE IN NATURE BY EDUCATING THE PUBLIC AND LEGISLATURE ABOUT THE IMPORTANCE OF EARLY LEARNING IN CHILDREN. GOAL IS ACCOMPLISHED BY WORKSHOPS, MEETINGS, ADVERISING, AND PUBLICATIONS TO THE PUBLIC.

Schedule C (Form 990 or 990-EZ) 2009 UN	ITED WAYS OF WASHINGTON	91-1055031	Page 4
Paর IV Supplemental Informat	ion (continued)		
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SCHEDULE D (Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Nam	e of the organization		Employer identification number
_	NITED WAYS OF WASHINGTON		91-1055031
,6,6	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	nds or Other Similar Funds or Ac Part IV, line 6.	counts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclu-	usive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	used only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
3/4	Conservation Easements. Complete if the org	anization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land area
	Protection of natural habitat	Preservation of certified historic st	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	vation contribution in the form of a conservat	don
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0		2d
3	Number of conservation easements modified, transferred, released, ext		
•	the taxable year ▶		
4	Number of states where property subject to conservation easement is lo	ocated >	
5	Does the organization have a written policy regarding the periodic monitor		
_	violations, and enforcement of the conservation easements it holds?	ering, moposition, name in grav	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
•		ng concertation date ments daring the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or	onservation easements during the year	
•	S	onsorvation casements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section	
-	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	io requirements or econom	Yes No
9	In Part XIV, describe how the organization reports conservation easeme		
•	balance sheet, and include, if applicable, the text of the footnote to the o		
	the organization's accounting for conservation easements	.ga.m.zaar. a mariaar aatomorita alat aaaa	
128	Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sir	milar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report in	n its revenue statement and balance sheet w	vorks of
	art, historical treasures, or other similar assets held for public exhibition,		
	provide, in Part XIV, the text of the footnote to its financial statements the	•	
b	If the organization elected, as permitted under SFAS 116, to report in its		s of art
	historical treasures, or other similar assets held for public exhibition, edu		•
	provide the following amounts relating to these items:	section, or recourse in landiciance of public s	ici vice,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial coin accide	, the
-	following amounts required to be reported under SFAS 116 relating to the	• .,	o une
•		636 IIGH 3	▶ ¢
d -	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	Assets middled in Form 330, Part A	•	▶ \$

<u>Sche</u>	edule D (Form 990) 2009 UNITED WA	YS OF WASHING	STON	91-1055031	Page 2
g Pa	Organizations Maintaining	Collections of Art, I	listorical Treas	ures, or Other Similar Asse	
3	Using the organization's acquisition, accession collection items (check all that apply):				
а	Public exhibition	d Loan	or exchange prograr	ms	
b	Scholarly research	e Other			
c	Preservation for future generations				-
4	Provide a description of the organization's colle Part XIV.	ections and explain how th	ey further the organi	zation's exempt purpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be				Yes No
	Escrow and Custodial Arra				
****	IV, line 9, or reported an am			ation answered Tes to For	111 990, 1 alt
12	Is the organization an agent, trustee, custodian			r agasta pat	
ıa	included on Form 000 Deat VO	•		assets flot	☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV ar				Yes No
U	ii res, explain the arrangement in Fart Arv ar	nd complete the following i	able.		Amount
_	Production between			 	Altount
C	Beginning balance				·
d				1d	
8				19	
f	Ending balance			<u>l 1f </u>	
	Did the organization include an amount on For	m 990, Part X, line 21?			LYes No
	If "Yes," explain the arrangement in Part XIV.				
16	Endowment Funds. Comple	ete if organization ar	nswered "Yes" t	· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) Pnor year	(c) Two years back (d) Three year	s back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
ď	End of year balance				
່າ	Provide the estimated percentage of the year e	ind halance held as:		= \$65 millioning ratinger of the product of the order of the common of	nite i seleci en 2000 anoses residentes
	Board designated or quasi-endowment	%			
h	Permanent endowment > %	· '°			
	Term endowment >%				
C		ion of the consultation that		lateral for the	
Sa	Are there endowment funds not in the possessi	ion of the organization that	are neid and admin	istered for the	<u>√</u> 1
	organization by.				Yes No
	(i) unrelated organizations			••	3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(II), are the related organizations li	•	• • •		3b
4	Describe in Part XIV the intended uses of the o				
	Investments—Land, Buildin	<u>igs, and Equipment</u>	. See Form 990), Part X, line 10.	
	Description of investment	(a) Cost or other basis	(b) Cost or ot	, ,	(d) Book value
		(investment)	basis (other	·	
1a	Land				
b	Buildings				
	Leasehold improvements				
	Equipment				
	Other		<u> </u>		-
	I. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part X, colum	nn (B), line 10(c).)		
	The state of the s		\= /, · • (•/·/	• • • • • • • • • • • • • • • • • • • •	L

Schedule D (Form 990) 2009 UNITED WAYS OF WASHI	NGTON	91-1055031	Page
Part VII Investments—Other Securities. See Form 9	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market v	ralue
Financial denvatives			
Closely-held equity interests			
Other			
	_		
			_
	_		
	_		
	_		•
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. See Form	990, Part X, line 13.		•
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market v	alue
-			
			_

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		(b)	Book value
·			
			•
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line	25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
] .	
		1	
]	
]	
		· ·	
]	
]	
		1	
		1	
·		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	>	1	
2. Fibl 48 Ecotpote. In Part YIV, provide the text of the footpote to the organ	nization's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 UNITED_WAYS_OF_WASHINGTON 91-105503	31	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	223,692
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	210,657
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,035
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,035
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	223,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
_	Recoveries of prior year grants 2c		
G	Other (Describe in Part XIV.)		
d	Add lines 2a through 2d	2ө	
9		3	223,692
3	Subtract line 2e from line 1	3	223,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	4-	
_C	Add lines 4a and 4b	4c	222 602
5 6.	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	223,692
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F		210,657
1	Total expenses and losses per audited financial statements	1	210,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С.	Other losses 2c		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	210 657
3	Subtract line 2e from line 1	3	210,657
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	010 657
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	210,657
	© XW Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
and 2	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
this p	art to provide any additional information.		
		- -	
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			_

Schedule D (Fo	om 990) 2009	UNITED WA	YS OF WASHINGT	ON	91-1055031	Page 5
Part XIV	Supplem	ental Information	YS OF WASHINGT (continued)			
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Unsuccioi

Name of the organization

UNITED WAYS OF WASHINGTON	91-1055031
FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS	
MANAGEMENT OF MEMBER AGENCY PROGRAMS AND ACTIVITIES	
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT	S. POLICY
CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AND AS EX	KPENSES ARE APPROVED
THEY ARE MONITORED BY THE TREASURER. MONITORING IS A	ALSO A PART OF THE
EXECUTIVE QUARTERLY REVIEW OF THE FINANCIALS.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FO	DR TOP OFFICIAL.
COMPENSATON IS REVIEWED BY THE EXECUTIVE BOARD. THEY	
DILIGENÇE SYSTEM OF COLLECTION AND COMPARING DATA TO	ARRIVE AT A REASONABLE
COMPENSATION FOR THE INDEPENDANT CONTRACT WHO IS THE	CEO OF THE
ORGANIZATION	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	CLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	

10753 UNITED WAYS OF WASHINGTON
91-1055031 Federal Statements

FYE: 12/31/2009

Page 1

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
DIVIDENDS	\$ 6,194				
TOTAL	\$ 6,194				

91-1055031 FYE: 12/31/2009	Federal Statements	tements		Page 2
Form 990,	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	ees for Service (Non-	imployee)	
Description EXPENSE	Total Expenses \$ 83,310 \$ 83,310	Program Service \$ 62,483	Management & General \$ 20,827	Fund Raising
	Form 990, Part IX, Line 24f - All Other Expenses	f - All Other Expenses		
Description	Total Expenses	Program Service \$ 854	Management & General	Fund Raising
BANK CHARGES LICENSES & FEES TOTAL	205 205 184 \$ 1,573	\$ 854	\$ 719	0 %
				!